



**APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER**

**Date:** \_\_\_\_\_

**Thank you for applying for a job with Golden West Packaging Group. Golden West Packaging Group is an equal opportunity employer. It does not discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), sexual orientation, gender, gender expression, gender identity, transgender status, genetic information, age, physical disability, mental disability, national origin, marital status, ancestry, medical condition, family care status, veteran status, military and veteran status, or any other protected status in accordance with the requirements of all federal, state, and local laws.**

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**Please Print**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
No. & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Personal Email Address

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? ..... ☐ Yes ☐ No

Regular part-time work? ..... ☐ Yes ☐ No

Temporary work, e.g., summer or holiday work? ..... ☐ Yes ☐ No

What days and hours are you available for work? Note that our Company operates 24 hours per day.

\_\_\_\_\_  
If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

## Application of Employment continued...

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Apart from religious observances, are you available for work on weekends? ..... ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ..... ☐ Yes ☐ No

If hired, what date can your start work? \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for **Golden West Packaging Group** before? ..... ☐ Yes ☐ No

If yes, list dates and department: \_\_\_\_\_

We may refuse to hire relatives of present employees if doing so could result in potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Do you have any relatives working for **Golden West Packaging**? ..... ☐ Yes ☐ No

If yes, state name(s) and relationships:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

Why are you applying for work at **Golden West Packaging Group**?

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If hired, would you have a reliable means of transportation to and from work? ..... ☐ Yes ☐ No

Are you at least 18 years old? ..... ☐ Yes ☐ No  
(If under 18, hire is subject to verification that you are of minimum legal age to work in our industry.)

Are you able to perform the essential functions of the job for which you are applying,  
either with or without reasonable accommodation? ..... ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

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(Note: We comply with the state and federal disability law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

## Application of Employment continued...

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Are you currently employed? ..... ☐ Yes ☐ No

If so, may we contact your current employer? ..... ☐ Yes ☐ No

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	<div>Name _____</div> <div>Address _____</div> <div>City _____ State _____ Zip Code _____</div>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

College/University	<div>Name _____</div> <div>Address _____</div> <div>City _____ State _____ Zip Code _____</div>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Vocational Business	<div>Name _____</div> <div>Address _____</div> <div>City _____ State _____ Zip Code _____</div>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Health Care Training	<div>Name _____</div> <div>Address _____</div> <div>City _____ State _____ Zip Code _____</div>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Application of Employment continued...

If relevant to the job for which you are applying, do you speak, write or understand any foreign languages?..... ☐ Yes ☐ No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at **Golden West Packaging Group**?..... ☐ Yes ☐ No

If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? ..... ☐ Yes ☐ No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... ☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.  
\_\_\_\_\_  
\_\_\_\_\_

If offered employment, can you provide proof of eligibility to work in the United States? ..... ☐ Yes ☐ No

Will you now, or in the future, require sponsorship for employment visa status? (e.g. H-1B visa status) ☐ Yes ☐ No

Application of Employment continued...

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment: From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... ☐ Yes ☐ No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment: From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... ☐ Yes ☐ No

If there are breaks in employment, please explain why and related time frames:

Application of Employment continued...

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code
Occupation	No. of Years Acquainted		

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code
Occupation	No. of Years Acquainted		

First Name	Last Name	Phone Number	
Address & Street	City	State	Zip Code
Occupation	No. of Years Acquainted		

Closing Comments – Please list any additional information you want us to know about that has not be covered in this employment application:


## Application of Employment continued...

### Please Read Carefully, Initial Each Paragraph and Sign Below

Initials _____	I hereby certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials _____	I understand and agree that if I am employed, I understand and agree that my relationship with Fleetwood-Fibre is "at will," which means that my employment is for no definite period and may be terminated by me or by the Company at any time and for any reason with or without cause or advance notice. I also understand that, if hired, the Company may change the terms of employment with or without notice, with or without cause, including, but not limited to termination, demotion, promotion, transfer, compensation, benefits, work hours, duties, and location of work. I understand that, if hired, no policy, statement, conduct, or action on the part of the Company or any Company personnel may alter or waive the at-will nature of my employment at any time or under any circumstances. Nothing contained in this application, or conveyed during any interview which may be granted is intended, and there is no agreement express or implied between the Company and me, for continuing or long-term employment. Accordingly, if hired, either I or the Company may terminate the employment relationship at any time, with or without notice, with or without cause. I understand that in the absence of a writing signed by me and by the President which expressly provides for employment for a specified term, no policy, practice, procedure, statement, or action of the Company or any individual at the Company may alter, modify, or waive the at-will nature of employment with the Company in any way or at any time.
Initials _____	I understand that any and all claims or controversies arising out of this employment application or candidacy for employment, employment, or cessation of employment with the Company shall be resolved through final and binding arbitration using the JAMS Employment Arbitration Rules & Procedures, in existence as of the time the dispute arises (a copy of the Rules can be obtained from <a href="http://www.jamsadr.com/rules-employment-arbitration">www.jamsadr.com/rules-employment-arbitration</a> ); or the ADR Services, Inc., Arbitration Rules in existence as of the time the dispute arises (a copy of the Rules can be obtained from <a href="http://www.adrservices.org/rules.php">http://www.adrservices.org/rules.php</a> )
Initials _____	In compliance with federal law, all persons hired will be required to verify identity and eligibility to legally work in the United States and to complete the required employment eligibility verification document form upon hire. <b><i>Fleetwood-Fibre participates in the federal "E-Verify" program.</i></b>

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_