



WS Packaging Group, Inc.®

Leaders in Printing and Packaging Worldwide

Instructions for Using the Electronic Employment Application

Following is the employment application for WS Packaging Group, Inc. The application may be typed and submitted electronically or printed out to be faxed or mailed.

To submit electronically the form MUST be opened in Acrobat Reader. Fill out the form completely and select the "Save Application" button located at the top of page 4.

Mail the employment application to the address below if you are not currently working with a specific Human Resources (HR) contact. Please indicate the WS Packaging Group location and position you are interested in.

WS Packaging Group, Inc.
Corporate Director of HR
2571 S. Hemlock Road
Green Bay, WI 54229

Fax the employment application to 920-866-6481 attention Corporate Director of HR, if you are not currently working with a specific HR contact. Please indicate the WS Packaging Group location and position you are interested in.



Date _____

To Applicant: Your interest in our company is appreciated. A clear understanding of your interests, training, experience and other pertinent information will be mutually beneficial. To be assured of full consideration for positions that would meet your qualifications, please answer all questions on this questionnaire. We will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision.
Please print clearly or go to www.wspackaging.com and complete electronically.

PERSONAL HISTORY

Name: _____ Cell: _____
(Last) (First) (M. I.)

Local address: _____ Home: _____
(No./Street) (City) (State/Zip)

Permanent address: _____ E-mail: _____
(No./Street) (City) (State/Zip)

Have you ever worked at any WS Packaging Group location or any of its affiliates? [] Yes [] No
If Yes: Location: _____ Date: _____ Department: _____ Supervisor: _____

Which job are you applying for? _____ Wage desired _____

When would you be available to begin work? _____

Please check all shifts that you would be able to work: [] 1st shift [] 2nd shift [] 3rd shift [] swing or rotating shift

Available for overtime? [] Yes [] No Weekend work? [] Yes [] No
(The company will attempt to reasonably accommodate an applicant's religious needs, as required by law.)

Do you have reliable transportation? [] Yes [] No

If you are under age 18, please provide date of birth. _____

What source led you to apply with us? [] Job center [] Newspaper [] Internet site (Name _____)
[] College [] Employee reference (Name _____) [] Other _____

In case of emergency, notify:

(Name) (Relationship) (Address) (Phone)

EDUCATION

Highest grade completed: _____ Number of years _____
(High School - Diploma/GED Yes No) (Post Secondary Degree received Yes No)

Last high school attended: _____ Location: _____

College or university: _____

Major: _____ Degree received: _____

Additional education and/or related certifications/awards _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer and do not omit any employer. Attach additional pages if necessary.

1	Company name	Telephone
	Address	Employed (Month and year) From To
	Name of supervisor	Weekly pay Start Last
	Job title and type of work	Reason for leaving

2	Company name	Telephone
	Address	Employed (Month and year) From To
	Name of supervisor	Weekly pay Start Last
	Job title and type of work	Reason for leaving

3	Company name	Telephone
	Address	Employed (Month and year) From To
	Name of supervisor	Weekly pay Start Last
	Job title and type of work	Reason for leaving

4	Company name	Telephone
	Address	Employed (Month and year) From To
	Name of supervisor	Weekly pay Start Last
	Job title and type of work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer number(s) Reason

List any relatives presently employed by WS Packaging Group, Inc.

(The Company complies with all prohibitions on marital status discrimination as required under applicable state, federal, or local laws.)

(Relative's name)

(Relationship)

MILITARY SERVICE OR OTHER TRAINING

Length of service:

Years: _____ Months: _____ Rank held in service: _____

Present status None Discharged Retired National Guard Reserves

Date of discharge: _____

Indicate any special training or assignment which you want us to consider: _____

References - Do not list relatives

(Name)	(Address)	(Phone)	(Company)	(Job Title)

CERTIFICATION

I certify that the information contained herein is true and without omissions. I understand that my employment may be terminated because of false statements or omitted information on this application.

If I accept employment with the Company, I will not do so in reliance on any representations that are not made in writing. I authorize the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information.

The company has specific grooming standards. I understand that hair is expected to be kept within the range of "natural" colors (no blue, green, or other non-natural hair colors are allowed) and that facial piercings are generally not appropriate for office employees or others with customer contact. I also understand that the company may ask me to cover tattoos if viewed as potentially offensive or disruptive to others. I agree to be conscious of the image portrayed by my attire.

I understand that I may be required to pass a pre-employment drug test, comply with a tobacco-free worksite policy and participate in a random workplace drug test to gain or continue employment with WS Packaging Group, Inc. Some positions could include an MVR, credit, or criminal history check. I consent freely and voluntarily to participate in the required drug tests and background checks, and consent to the release of the results to WS Packaging Group, Inc. I hereby release and hold harmless WS Packaging Group, Inc. from any liability whatsoever, arising from the drug tests and/or background checks and decisions concerning employment based upon the results of these tests and checks.

I agree to conform to rules, regulations, and policies which the Company may periodically promulgate, withdraw or modify. However, I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the company or myself. I understand that no representatives of the Company other than the CEO has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement that contradicts or modifies the foregoing in any manner, and any such agreement must be in writing and signed by the CEO.

Signed: _____ Date: _____

A photocopy and/or facsimile copy of this signed authorization is as effective as the original.

Instructions for saving and uploading your application.

After saving your application you will be taken back to wspankaging.com (you may receive a warning to allow this). Follow the on-screen instructions to upload your application and optional resume.

Save Application →