



**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.

**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.



# WS Packaging Group, Inc.®

Leaders in Printing and Packaging Worldwide

## Employee Voluntary Self-Identification Survey Form

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Position Applying For \_\_\_\_\_

WS Packaging Group, Inc. is an Equal Opportunity and Affirmative Action Employer. As such, we are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we are required to invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This survey is kept separate from the employment application and not shared with hiring managers. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. The EEOC uses this information to analyze and assure compliance with federal and state employment laws.

- 1. WHAT IS YOUR GENDER?  Male  Female
- 2. ARE YOU HISPANIC OR LATINO?  Yes  No

\*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

3. IF YOUR ANSWER TO QUESTION 2 IS NO, PLEASE IDENTIFY YOUR RACE:

- White-a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Not Hispanic or Latino)
- Asian-A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Not Hispanic or Latino)
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Black or African American-A person having origins in any of the black racial groups of Africa.(Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander-A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands. (Not Hispanic or Latino)
- Two or More Races-All persons who identify with more than one of the above five races (Not Hispanic or Latino).

4. Are you a veteran?  Yes  No

5. If yes, please indicate that which applies.

- Gulf War Veteran
- Korean Era
- Vietnam Era
- World War II
- Disabled
- Other Eligible

**Thank you for completing this form.**

**FOR OFFICE USE ONLY:**

**EEO Occupation**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Executive/Senior level Officials & Managers | <input type="checkbox"/> First/Mid-Level Officials & Managers | <input type="checkbox"/> Professionals                  |
| <input type="checkbox"/> Technicians                                 | <input type="checkbox"/> Sales Workers                        | <input type="checkbox"/> Administrative Support Workers |
| <input type="checkbox"/> Craft Workers                               | <input type="checkbox"/> Operatives                           | <input type="checkbox"/> Laborers & Helpers             |
| <input type="checkbox"/> Service Workers                             |   |   |

**EEO OJT Code:**  White Collar  Production



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](http://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.

<b>1</b>	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

<b>2</b>	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

<b>3</b>	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

<b>4</b>	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.	<b>DO NOT CONTACT</b>
	Employer number(s) Reason

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**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.)

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(Relative's name)

(Relationship)

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**MILITARY SERVICE OR OTHER TRAINING**

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**References - Do not list relatives**

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

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**CERTIFICATION**

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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.