



FLEXPAK
EXPECT EXTRAORDINARY

1894 W 2425 S Woods Cross, UT 84087
(801) 956-0696 (801) 956-0697

Form Usage & Instructions

To use this form, you must have Acrobat Reader 8 or greater installed. It is recommended by Adobe when updating to the latest version, to remove any previous version of Acrobat Reader.

To download the current version of Adobe Acrobat Reader,

Recommended way to fill out form:

1. Download Adobe Acrobat Reader.
2. Download this application to your computer.
3. Open this application with Adobe Acrobat Reader.
4. Fill out application.
5. When you are finished filling out this application, click the "Submit by E-mail" button at the bottom of this application and send to "admin@flexpak.net".

Form Navigation

- There are two ways to navigate from form field to form field.
 1. You can either use your mouse.
 2. You can use the tab key.
- To enter in text into a form field, you can either click (or tab to) the area you want to type in, and begin typing.
- To check off a choice (yes/no) on the form, click in the boxed or underlined area. This will place an "x" and the mark will appear.
- To print out a copy of the form, click the "Print Form" button found at the bottom of the last page.
- To reset the form, click the "Reset Form" button found at the bottom of the page.
- To submit the form by e-mail, click the "Submit by e-mail" button found at the bottom of the page.

Please fill out the application as completely as possible.

If you have any questions please contact us.

Thank you,
Flexpak
(801)956-0696



FLEXPAK
EXPECT EXTRAORDINARY

EMPLOYMENT APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any medical condition or disability not related to the job for which applied.

Date: _____ Position applied for: _____

Referral Source: Newspaper Ad Employment Agency Other (*please explain*): _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Work Phone: _____ Social Security #: _____

Are you over the age of 18? Yes No If No, employment is subject to verification that you are of minimum legal age

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

NOTE: Proof of citizenship or immigration status will be required upon employment.

On what date will you be available to work? _____

Are you available to work (*select all that may apply*): Full-time Part-time Shift Work Temporary

Are you on a layoff and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(*Conviction will not necessarily disqualify applicant from employment.*)

If you answered "Yes", please explain:

Summarize special skills and qualifications acquired from employment or other experiences that could be relevant to your ability to perform the job applied for:

Provide the names, addresses and telephone numbers for three references. Do not list relatives or previous employers:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any military service assignments and volunteer activities. You may exclude names of organizations that indicate race, color, religion, sex, or national origin.

Employer: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title: _____

Dates Employed

From: _____

To: _____

Duties Performed:

Reason for leaving:

Hourly Pay/Salary

Start: _____

Final: _____

Employer: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title: _____

Dates Employed

From: _____

To: _____

Duties Performed:

Reason for leaving:

Hourly Pay/Salary

Start: _____

Final: _____

Employer: _____

Address: _____

Telephone: _____

Supervisor: _____

Job Title: _____

Dates Employed

From: _____

To: _____

Duties Performed:

Reason for leaving:

Hourly Pay/Salary

Start: _____

Final: _____

Do you currently receive any other pay from another source? Yes No

If you answered "Yes",
please explain:

EDUCATION / TRAINING

Indicate the last grade completed or code for last degree received:

High School

1 2 3 4 5 6
 7 8 9 10 11 12

Technical / Vocational School

13 14

College

15 16 17 18

Graduate Studies

19 20

Are you currently attending school? Yes No If "Yes", estimated graduation date? _____

College Information

Undergraduate College/
University Attended: _____

Undergraduate Major: _____

Type of Degree Received: _____

Graduate College/
University Attended: _____

Graduate Major Field: _____

Type of Degree Received: _____

Honors Received:

High School Information

Name of School Attended: _____

Address: _____

Major courses taken: _____

Diploma Received: Yes No

Apprentice, Business, Technical or Vocational School

Name of School Attended: _____

Address: _____

Major courses taken: _____

Diploma Received: Yes No

List any Specialized Training, Apprenticeship, Skills and Extracurricular Activities:

APPLICANT NOTICE AND ACKNOWLEDGMENT

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of a physical or mental disability, you will need an accommodation to perform any essential job function, please make that fact known to the individual processing your application.

If an offer of employment is made, I agree to submit to a medical examination, including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and workers' compensation claim history and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature:

Date: _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements and I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Flexpak and myself for either employment or for the providing of any such promise or guarantee is binding upon Flexpak unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Flexpak retains the same right.

I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies procedures, in whole or in part, at any time.

I understand that this application is for the specific job applied for and I would have to reapply for any future opportunities that could become available.

Signature:

Date:

TO BE COMPLETED BY FLEXPAC PERSONNEL

Position applied for: _____ Department: _____

Was position applied for available on date application filed? Yes No

Was applicant hired? Yes No Hourly Rate/Salary: _____

Date of Employment: _____ Department: _____

Job Title: _____ Full-time Part-time

By: _____ Title: _____ Date: _____