



**KEYES FIBRE CORPORATION**  
A Division of **KEYES PACKAGING GROUP**  
WENATCHEE, WA  
AN EQUAL OPPORTUNITY EMPLOYER  
**APPLICATION FOR EMPLOYMENT**

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**SECTION I- PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

PHONE NO. \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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**SECTION II- EMPLOYMENT AVAILABILITY**

POSITION APPLYING \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

ANY RESTRICTIONS ON HOURS, WEEKENDS, OR OVERTIME? IF YES, EXPLAIN. \_\_\_\_\_

HAVE YOU EVER WORKED FOR KEYES BEFORE? \_\_\_\_\_

If Yes, list approx dates: \_\_\_\_\_

HAVE YOU APPLIED AT KEYES BEFORE? \_\_\_\_\_

If Yes, list month/year: \_\_\_\_\_

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? \_\_\_\_\_

YES

NO

ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_

YES

NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN

AUTHORIZED TO WORK IN THE U.S.?  YES

NO

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**SECTION III- EDUCATION**

HIGH SCHOOL: \_\_\_\_\_

GRADUATED?

YES  NO

COURSE OF STUDY: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

GRADUATED?

YES  NO

COURSE OF STUDY: \_\_\_\_\_

POSTGRADUATE SCHOOL: \_\_\_\_\_

GRADUATED?

YES  NO

COURSE OF STUDY: \_\_\_\_\_

OTHER EDUCATION OR TRAINING: \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

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**SECTION IV- MILITARY SERVICE BACKGROUND**

BRANCH \_\_\_\_\_

DATES: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

(continued on back)

**SECTION V- WORK EXPERIENCE**

Please list all previous employment, beginning with the most recent.  
If you need more room, you may attach another sheet of paper.

EMPLOYER:		ADDRESS:	
FROM	TO	POSITION HELD:	REASON FOR LEAVING:
SUPERVISOR'S NAME & TITLE			PHONE NUMBER:
DESCRIPTION OF DUTIES:			
SALARY:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Start:	End:		

EMPLOYER:		ADDRESS:	
FROM	TO	POSITION HELD:	REASON FOR LEAVING:
SUPERVISOR'S NAME & TITLE			PHONE NUMBER:
DESCRIPTION OF DUTIES:			
SALARY:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Start:	End:		

EMPLOYER:		ADDRESS:	
FROM	TO	POSITION HELD:	REASON FOR LEAVING:
SUPERVISOR'S NAME & TITLE			PHONE NUMBER:
DESCRIPTION OF DUTIES:			
SALARY:		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Start:	End:		

**AUTHORIZATION AND ACKNOWLEDGMENTS**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omission of facts on this application may be grounds for dismissal.

I acknowledge that any offer of employment is contingent upon passing a background screen and pre-employment physical and drug screen.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice. I further understand this "at will" employment relationship may not be changed by any written document, statement, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_