

CCL Label, Inc.

An Equal Employment Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please Read Before Filling Out This Application

As required by law, CCL Label, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, national origin, handicap, sex, age or other legally protected characteristic.

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. CCL Label, Inc. reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resumé, you may attach it to this application but, in addition, you must complete this application and answer all questions, even those which relate to information on your resumé.

Please be sure that *all* of your answers on this application are complete, correct, and truthful. Even if you are employed, you should understand that any false or misleading statement, any omission of relevant information, or any failure to disclose facts which if known might reflect unfavorably on this application, may result in dismissal.

Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

PRINT YOUR NAME AS IT APPEARS ON YOUR
SOCIAL SECURITY CARD

TODAY'S DATE: _____

(First) (Middle) (Last)

E-MAIL: _____

Address _____
(Number) (Street)

(_____) _____
Area Code (Telephone Number-Residence)

(Apt. or other)

(_____) _____
Area Code (Daytime Telephone Number
if different from above)

(City) (State) (Zip Code)

(Length of Time At This Address)

List previous addresses within the United States, except Military, if your address changed during the past 5 years.

No.	Street	City	State	Zip	From (Date)	To
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No.	Street	City	State	Zip	From (Date)	To
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EMPLOYMENT REQUEST

Type of work desired: _____

Specific position(s) for which you are applying: (1) _____ (2) _____

Kind of work? Full-Time? ____ Yes ____ No If you cannot work full-time but would be available for part-time work, please list days of the week and hours you would be available: _____

Wage or Salary you will consider? _____ per hour per week per annum

Who referred you to us? _____ Date available for work _____

Have you applied for employment or worked at any CCL Label facility previously? ____ No If yes, when and where? _____

Are you a relative of or married to any present CCL Label, Inc. employee? ____ No. If yes, who? _____

(Last Name)

(First Name)

EDUCATION

	Name of School	City and State	Course or Major		
High Schools				Last Grade Completed 9 10 11 12	Graduate?
				Last Grade Completed 9 10 11 12	Graduate?
College				Number of Years Completed 1 2 3 4	Degree
Graduate Studies				Number of Years Completed 1 2 3 4	Degree
Other— Give Type				Number of Years Completed 1 2 3 4	Degree

Vocational or technical courses studied: _____

Business or secretarial courses studied: _____

Are you planning to pursue or are you currently enrolled in any studies or courses? ____ Yes ____ No

If yes, where, for what period of time, and for what courses are you enrolled:

List any special skills, knowledge, certification you have, or equipment you can operate which you feel may be relevant to the job you are seeking: _____

Complete only if Applicable: List any computer software and office equipment you can operate proficiently:

PERSONAL INFORMATION

Are you 18 years of age or older? ____ Yes ____ No

Have you ever been convicted of a crime involving dishonesty (including but not limited to, theft, shoplifting, robbery, embezzlement, forgery, etc.)? _____ Yes ____ No

If yes, explain: _____

NOTE: Do not include a non-felony conviction for possession of marijuana that is two or more years old.

Have you ever been convicted of a felony?

____ Yes ____ No If yes, explain: _____

REFERENCES: List name, address, and telephone number for three personal references. Do **not include** former employers:

1. _____
2. _____
3. _____

EMPLOYMENT RECORD (Do Not State "See Resume".) **Please complete your employment history even if a resumé is submitted.**

Starting with PRESENT or MOST RECENT, list *all* previous employers. List only employers located within the United States. Include self-employment, summer and part-time jobs. Account for periods of unemployment by listing "unemployed" under EMPLOYER; state beginning and ending dates of unemployment.

EMPLOYER (Present or most recent)	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

If you are now employed, why do you want to change your job? _____

If you are now employed, may we contact your present employer? ____ Yes ____ No If yes, please list best time to call, name, position, and telephone number of person to contact:

____ (Name) ____ (Position) ____ (Telephone Number) ____ (Best Time to Call)

Have you **ever** been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job?

____ Yes ____ No If yes, what job and why? _____

AUTHORIZATION AND WAIVER

I authorize all previous employers and educational institutions to disclose to CCL Label, Inc. (and its employees, officers, and affiliates), any and all information in their possession about my employment history, including disciplinary and other matters and my academic record. I authorize CCL Label, Inc. to obtain credit and police reports about me and I authorize all law enforcement agencies and credit reporting services to disclose to CCL Label, Inc. any and all information in their possession concerning me. I hereby waive written or other notice from prior employers, police and law enforcement agencies, credit reporting services, and educational institutions of their release of any information to CCL Label, Inc. I further release such former employers, police and law enforcement agents, from any liability or claim relating to their release of information.

I hereby waive any notice of the release of such information either to or from CCL Label, Inc.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature. This Authorization and Waiver shall remain in effect until such time as I provide CCL Label, Inc. with written notice of revocation.

Name _____ Signature _____

Print

Date _____

TERMS OF EMPLOYMENT

PLEASE READ CAREFULLY AND SIGN BELOW ONLY IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

I represent that the statements I have made are true and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

In the event of my employment, I will comply with all rules, regulations, policies and communications directed to employees.

I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to CCL Label, Inc. I agree that CCL Label, Inc. also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning. I understand that no one in CCL Label, Inc., other than the General Manager, acting with the written approval of CCL Label, Inc., has any authority to offer employment other than on this at-will basis and any such agreement must be done in writing.

I agree to submit to physical examinations before and during my employment by a health care professional, at the request and expense of CCL Label, Inc., and I agree to disclose completely all information requested at such examinations about my physical condition and medical history. I also agree that before and during my employment, at the request and expense of CCL Label, Inc., I will cooperate in such medical tests (including blood, urine or other testing) as CCL Label, Inc. requests to check for drugs or alcohol in my system, or for any other physical condition. I understand that if I suffer any injury arising out of and in the course of my employment, I may be required to submit to an immediate physical examination, including testing for drugs or alcohol. I waive, release and promise not to make any claims against CCL Label, Inc. (or any testing agency retained by it, or their employees, owners and agents) relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that the contents of any offices, work spaces, lockers, desks or other CCL Label, Inc. property I may be using, and of any of my own property I bring onto CCL Label, Inc. premises (including without limitation automobiles, packages, toolboxes, briefcases, and purses) may be inspected by CCL Label, Inc. at any time, and I waive and promise not to make any claims against CCL Label, Inc. (or its employees or agents) relating to such inspection.

I agree that I will not disclose to anyone or use for my own purposes, any of CCL Label, Inc. confidential or proprietary information, either during or after my employment. I understand and agree that customer names and information are confidential and proprietary information and I will not make written or other copies of or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to CCL Label, Inc. all material of any kind that I have relating to its business, including any such copies or notes. I also agree that I will disclose and assign to CCL Label, Inc. or its designee, any discovery, invention or improvement relating to the company's business which I develop or conceive and agree these shall belong solely to the company.

I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.

I agree to the above terms of employment if I am employed by CCL Label, Inc. Should I be employed, I understand and agree that these provisions of my employment can be revised only in writing signed by the General Manager of CCL Label, Inc. and that no other person in CCL Label, Inc. has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all benefits, programs, rules and policies of CCL Label, Inc. are subject to exceptions or change at any time as decided by it in its sole discretion.

Date _____ Signature of Applicant _____

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(APPLICANT DO NOT WRITE IN THIS SPACE)

Interviewed by _____ Date _____

Hired: Yes _____ No _____ Job Position _____ Location _____

Salary/Wage _____ Exempt? Yes _____ No _____ Starting Date _____

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