

EMPLOYMENT APPLICATION

Date	Last Name	First Name	Middle
Present Address		City	State Zip
Mailing Address <i>(if different from present address)</i>		City	State Zip
Home Phone	Cell Phone May we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address	

Employment Desired

Position(s) applying for: _____			
Referred by: <input type="checkbox"/> Online Posting <input type="checkbox"/> Employment Agency <input type="checkbox"/> Nonprofit Agency (i.e., Urban League, Goodwill, etc.) <input type="checkbox"/> Current/Former Employee. If referred, by whom? _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Company Career website <input type="checkbox"/> Other _____			
Are you applying for: (Please check all that apply)		<input type="checkbox"/> Regular full-time <input type="checkbox"/> Regular part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
When are you available for work? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Days <input type="checkbox"/> Nights/Graveyard <input type="checkbox"/> Afternoon/Swing Specify preferred days and hours: _____ _____			
Are you relocatable? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which locations? _____			
Would you be available to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available for travel, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, on what date can you start work? _____		Expected Pay Rate/Salary: \$ _____ <div style="text-align: right; font-size: small;">per hr. / wk. / mo. / other</div>	

Personal Information

Have you ever applied to American Packaging Company, CleanSmart Solutions, JC Paper, Kelly Paper Company, Premiere Packaging Industries, or Spicers Paper, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which company did you apply to? _____	
If yes, when did you apply? _____ <div style="text-align: center;">(Date)</div>	

Have you ever worked for American Packaging Company, CleanSmart Solutions, JC Paper, Kelly Paper Company, Premiere Packaging Industries, or Spicers Paper, Inc.?

Yes No

If yes, please state the following:

Employment Dates: _____ To _____

Position Held: _____

Reason for Leaving: _____

Do you have any friends or relatives working for Kelly Spicers?

Yes No

If yes, state name(s) and relationship:

_____ Name

_____ Relationship

_____ Name

_____ Relationship

Are you at least 18 years old?

Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country for any employer?

Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No

If no, describe the functions that cannot be performed. _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to apply, interview, and perform essential functions. Hire may be subject to passing a medical examination, drug screen, employment background check, and skill and agility tests.

Education, Training and Experience

EDUCATION	High School	Undergraduate College/University	Graduate/Professional
School Name			
City, State			
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study or Major			
Describe Specialized Training, Military Experience, Skills and Extra-Curricular Activities			
List software packages and programs you are able to use proficiently:			

Name of Employer _____	Telephone Number _____
Address _____	
Immediate Supervisor & Title _____	
Dates of Employment: From: _____ To: _____ (MM/YYYY) (MM/YYYY)	
Job Title: _____	
General Description of Duties _____	
Reason for Leaving: <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged – Explain: _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional References

List below two persons not related to you who have knowledge of your work performance.

First Name _____	Last Name _____	Home Telephone Number _____
Address & Street (optional) _____	City _____	Cell Phone Number _____
State _____	Zip _____	Occupation & Company Name _____
		No. of Years Acquainted _____

First Name _____	Last Name _____	Home Telephone Number _____
Address & Street (optional) _____	City _____	Cell Phone Number _____
State _____	Zip _____	Occupation & Company Name _____
		No. of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph, and Sign Below:

_____ Initials
 I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials
 I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. As part of this investigation, the company will obtain a consumer report from a Consumer Reporting Agency for employment purposes. The company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

_____ Initials
 I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Initials
 I hereby acknowledge that should an offer of employment be made it is a conditional offer contingent upon passing a pre-employment physical, which includes a drug test. I further acknowledge that if employed by Kelly Spicers, drug tests may be required in the event of a work-related accident.

_____ Initial
 I hereby acknowledge that, if hired, I may be required to sign a company arbitration agreement.

_____ Initials
 I hereby acknowledge that if I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the Company.

_____ Initials
 Disclosure of Non-competition, Non-disclosure and Non-solicitation

Please check the item that applies to you:

_____ I am not bound by any agreements that would limit my ability to work for Kelly Spicers

_____ I have previously signed a non-competition, non-disclosure or non-solicitation agreement. I have attached a copy to this document for Kelly Spicers to review.

 DATE

 APPLICANT'S SIGNATURE

VOLUNTARY SELF-IDENTIFICATION FORM

Kelly Spicers is an employer covered by Title VII of the Civil Rights Act of 1964 and a government subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). Federal regulations implementing these laws require Kelly Spicers to solicit information from employees pertaining to their status as women, minorities, veterans of the World War II, the Korean Conflict, the Vietnam era, and the Persian Gulf War, recently separated veterans, disabled veterans, Armed Forces Service Medal veterans, and other protected veterans. A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active-duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and used by Kelly Spicers only for purposes of its meetings its federal obligations under the laws referenced above. Kelly Spicers maintains a policy of making all employment decisions without regard to race, ethnicity, color, religion, sex, age, national origin, disability or veteran status. If you choose to provide this information, please check those categories that apply to you.

Name: _____
Last
First
Middle Initial

Self-Identification Information

Gender: (Place an X or ✓ next to one option) Male Female Decline to Self-Identify

Race or ethnic identity: (Place an X or ✓ next to one option)

- Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White A person having origins in any of the original peoples of Europe, the Middle East or North Africa (Not Hispanic or Latino).
- Black or African American A person having origins in any of the black racial groups of Africa (Not Hispanic or Latino).
- Native Hawaiian or Pacific Islander A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands (Not Hispanic or Latino).
- Asian A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, or Thailand (Not Hispanic or Latino).
- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment (Not Hispanic or Latino).
- Two or More Races All persons who identify with more than one of the above races.
- Decline to Self-Identify

Veteran Status: (Place an X or ✓ next to one option)

- I identify as one or more of the classifications of protected veterans listed above.
- I am not a protected veteran
- I do not wish to provide this information

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 05/31/2023
Page 1 of 1

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

<ul style="list-style-type: none"> • Autism • Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS • Blind or low vision • Cancer • Cardiovascular or heart disease • Celiac disease • Cerebral palsy 	<ul style="list-style-type: none"> • Deaf or hard of hearing • Depression or anxiety • Diabetes • Epilepsy • Gastrointestinal disorders, for example, Crohn’s Disease, or irritable bowel syndrome • Intellectual disability 	<ul style="list-style-type: none"> • Missing limbs or partially missing limbs • Nervous system condition for example migraine headaches, Parkinson’s disease, or Multiple Sclerosis (MS) • Psychiatric condition, for example, bipolar disorder, schizophrenia • PTSD, or major depression
--	--	--

Please check one of the boxes below:

- Yes, I have a disability, or have a history/record of having a disability
- No, I don’t have a disability, or a history/record of having a disability
- I don’t wish to answer

Your Name

Today’s Date

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Employee and Applicant Privacy Notice

Pursuant to the California Consumer Privacy Act (“CCPA”), Kelly Spicers Inc. is required to inform California residents who are job applicants, employees, or contractors about the categories of Personal Information we collect or have collected in the past 12 months and the purposes for which we use this information. We adopt this Employee and Applicant Privacy Notice (“Notice”) to comply with the CCPA.

Kelly Spicers is committed to protecting the privacy and security of the information we collect and to being transparent about the purposes for which we use your information. This Notice sets forth our policies and procedures for handling the information we collect and use in the employment context.

I. Categories of Personal Information We Collect

When an individual applies to join our team or over the course of an individual’s employment, we may collect the following categories of personal information. We collect and use this information only as permitted or required by, and in compliance with, law.

	Categories of Personal Information Collected
Category A	Identifiers, such as name, contact information, online identifiers and Social Security numbers and other government-issued ID numbers
Category B	Personal information, as defined in the California consumer records law, such as name, contact information, insurance policy number, education, employment, employment history financial information, medical information and health information ¹
Category C	Characteristics of protected classifications under California or federal law, ² such as sex, age, race, religion, national origin, disability, medical conditions and information, citizenship, immigration status and marital status
Category D	Commercial information, such as transaction information, purchase history and financial details
Category E	Biometric information, such as facial recognition and fingerprints
Category F	Internet or network activity information, such as browsing history and interactions with our website, applications or systems
Category G	Geolocation data, such as device location
Category H	Audio, electronic, visual, and similar information, such as images and audio, video or call recordings created in connection with our business activities;
Category I	Professional or employment-related information, such as work history and prior employer, human resources data and data necessary for benefits and related administrative services
Category J	Education information subject to the federal Family Educational Rights and Privacy Act, such as student records

¹ This includes name, signature, social security number, physical characteristics or description, address, telephone number, passport number, driver’s license or state identification card number, insurance policy number, education, employment, employment history, bank account number, credit card number, debit card number, or any other financial information, medical information, or health insurance information.

² This includes sex (including pregnancy, childbirth, breastfeeding, and related medical conditions), age (40 and over), race, color, religion or creed, ancestry, national origin, disability, medical conditions, genetic information AIDS/HIV status, marital status, sexual orientation, gender identity and expression, citizenship, primary language, immigration status, military/veteran status, political affiliation/activities, domestic violence victim status, and request for leave.

Category K	Inferences drawn from any of the Personal Information listed above to create a profile or summary above, for example, an individual’s preferences, abilities, aptitudes, and characteristics
------------	--

II. Purposes for Which Personal Information Is Used

We process your personal information for the following business purposes:

- *Determining your eligibility for a position with Kelly Spicers*, including processing your application, assessing your fit with us or for a specific role, conducting interviews, carrying out background and reference checks in accordance with law, and keeping records related to our hiring process;
- *Managing compensation, benefits, and employment-related expenses*, including payroll processing, managing salaries and expenses, managing corporate credit cards and expense reimbursements, as well as administering equity, compensation, bonus, and insurance programs;
- *Managing professional development, performance, and conduct*, including responding to complaints of misconduct, managing conflicts of interest, conducting performance appraisals, supporting career development, and managing whistleblower programs;
- *Protecting the company against illegal activity and other misconduct*, including by detecting security incidents, protecting against malicious, deceptive, fraudulent, or illegal activity, and prosecuting those responsible for that activity;
- *Undertaking activities to verify and maintain the quality, safety, and performance of our products and services*, including product and service testing, research, and development;
- *Complying with our legal obligations*, including those related to tax and anti-discrimination laws; and
- *Other routine business purposes.*

III. How We Share Personal Information

Kelly Spicers may disclose your Personal Information to a third party for a business purpose, including to our service providers. We share your Personal Information with the following categories of third parties:

- Service providers.
- Third parties with whom you direct us to share your Personal Information.
- Other third parties such as consumer reporting agencies when we perform employee background screenings.

IV. Contact Information & Updates

This Notice is reviewed and updated annually to ensure it accurately captures our practices and procedures and in which case the revised Notice will be posted to our intranet or provided to you in writing, by email, or mail. For information about our Private Policy, go onto the following link: [Privacy Policy](#).

If you have any questions or comments about this Notice and the ways in which Kelly Spicers collects and uses your information as described above, please do not hesitate to contact the HR Department at HR@KellySpicers.com.