



FIBREBOND

1300 Davenport Drive, Minden, LA 71055  
www.fibrebond.com

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

*Fibrebond does not discriminate in hiring or employment  
on the basis of race, color, religious creed, national origin, sex, age, veteran or disability status.  
No question on this application is intended to secure information used for discrimination*

**Please answer all questions. If one does not apply, insert N/A. Incomplete applications will not be considered.**

### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

Hourly Rate/Salary Desired: \$ \_\_\_\_\_

- I applied at Fibrebond as the result of:
- Advertisement (identify ad and publication: \_\_\_\_\_)
  - Employee referral (name of employee: \_\_\_\_\_)
  - Staffing agency referral (identify agency: \_\_\_\_\_)
  - Other (\_\_\_\_\_)

What kind of position are you seeking?  Full Time  Part Time  Temporary  Summer

What days and hours are you available to work? \_\_\_\_\_

Are you available to work overtime and weekends, if necessary?  Yes  No

Are you 18 years of age or older?  Yes  No

If hired, can you furnish proof that you are legally permitted to work in the United States?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

## GENERAL INFORMATION

1. Have you ever applied or interviewed for a job with this company in the past?  Yes  No  
 If yes, please give the application date, position applied for, and name of interviewer.

\_\_\_\_\_

2. Have you been convicted of or pleaded guilty to a felony, or been released from prison in the past 10 years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

*Note: a yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.*

3. Have you been charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of charge)?  Yes  No  
 If yes, please explain: \_\_\_\_\_

*Note: a yes answer does not automatically disqualify you from employment.*

4. Do you have any relatives working for the Company at this time?  Yes  No  
 If yes, please list name(s) and relationship to you: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION & TRAINING

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated? (Check One)
High School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
College or Trade School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Graduate School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			
Other	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City State			

Were you in the U.S. Armed Forces?  Yes  No

If yes, what Branch? \_\_\_\_\_

Dates of Duty: \_\_\_\_\_

Discharge type and date: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

List other job-related licenses, certifications, or training you have completed: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY

May we contact your present employer?

Yes  No

May we contact your past employers?

Yes  No

Have you ever worked for Fibrebond?

Yes  No

If yes, list dates, position held, and supervisor \_\_\_\_\_

*List employment starting with your most recent position.*

Dates: <i>Include month &amp; year</i>	Name and Location of Employer	Job Title and Supervisor	List Major Duties	Salary or Wages	Reason for Leaving
From: _____ To: _____	Name _____ City _____ State _____ Phone (     )     -	Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
From: _____ To: _____	Name _____ City _____ State _____ Phone (     )     -	Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
From: _____ To: _____	Name _____ City _____ State _____ Phone (     )     -	Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	
From: _____ To: _____	Name _____ City _____ State _____ Phone (     )     -	Job Title: _____ Supervisor: _____		Starting: _____ Final: _____	

*Account for any time during the past 10 years that you were not employed or attending school.*

*Please account for the nature of your activities during these periods.*

Dates	Reason for Unemployment	Nature of Activities while unemployed

# PERSONAL REFERENCES

*List three individuals who have knowledge of your work ethic, experience and ability.*

*Do not include relatives or individuals listed in Employment History section.*

Name	Occupation	Phone Number	Address, City, State, Zip
		(     )     -	
		(     )     -	
		(     )     -	

**IMPORTANT: PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.**

\_\_\_\_\_ By my signature and initials, I promise that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration from employment, and may be justification for my dismissal from employment, if discovered at a later date, regardless of the time lapsed before discovery. I further certify that I, the undersigned applicant, have personally completed this application.

\_\_\_\_\_ 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.

\_\_\_\_\_ In making this application for employment, it is understood and accepted that as part of the application and employment process, and/or during my employment with Fibrebond, I may be asked to submit to physical examinations which will include testing for alcohol and drugs. By signing this application, I hereby agree to submit to such examinations and tests and release all persons and companies from any liability arising out of such examinations and tests.

\_\_\_\_\_ I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with this company.

\_\_\_\_\_ I understand that nothing contained in this employment application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. 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 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 duly authorized representative.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Thank you for your interest in employment with Fibrebond. The application you submit will be reviewed and, if based upon the information you have supplied, there is a need to schedule you for a personal interview, you will be contacted by phone or mail. If however, we are unable to consider your application, you will receive no further notice. **Applications will remain active for 45 days, after that time a new application must be submitted.** Due to the large volume of employment inquiries received, we regret that we are unable to provide a more personal response to your application.*

**Please review your completed application to ensure you have provide responses to ALL questions.  
AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED**



## EQUAL OPPORTUNITY DATA SHEET

We are required by law to collect the following information for Equal Opportunity employment purposes.  
It will not become part of your personnel record.

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### EMPLOYEE INFORMATION:

(Please Print)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Check Appropriate Category)

Sex:  Male  
 Female

Marital Status:  Single  
 Married  
 Widowed  
 Divorced  
 Other

Race/Ethnicity:  White  
 Black or African American  
 Hispanic or Latino  
 American Indian or Alaskan  
 Asian  
 Hawaiian or Pacific Islander  
 Two or more races

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### VETERAN STATUS: (Check Appropriate Category)

- Non-Veteran
- Disabled Veteran
- Veteran of war, campaign or expedition
- Noncombat Veteran who earned an Armed Forces Service Medal
- Recently Separated Veteran

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.