



Lone Star is an equal opportunity employer employing individuals based on job related qualifications regardless of race, religion, color, gender, national origin, disability, veteran's status or other classification as applicable under Federal, state or local law. Lone Star complies with legal requirements regarding reasonable accommodations for disabled applicants and employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact Management for arrangements.

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date _____
 Last First MI

Address: _____
 Street Address Apartment/Unit #

 City State ZIP code

Phone: _____ Email: _____

Are you authorized to work in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Are you at least 18 years old? Yes No

Have you ever worked for this organization? Yes No

If yes, when? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details. _____

Have you been convicted of any felonies other than minor traffic violations? Yes No

If yes, please explain. _____

No applicant will be denied employment solely on the grounds of conviction of a criminal offense, but will be considered only as it reasonably relates to the position and performing the functions of the job for which you are applying.

Can you work any shift? Yes No Can you work overtime, including weekends? Yes No

Are you interested in full-time or part-time? _____

EMPLOYMENT DESIRED:

Position Applied For: _____

Date you can start _____ Hourly Rate/Salary desired _____

REFERRAL SOURCE:

How did you hear about us (circle 1)? Walk In Advertisement/Web Referral Other

Have you ever worked for this organization before? Yes No

Explain _____

Do you know anyone who works for our organization? Yes No If yes, who? _____

Are you authorized to work in the United States?

Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

Education

High School: _____ Did you graduate? Yes No

Address: _____
Street Address City State

College/Other: _____ Did you graduate? Yes No

Address: _____
Street Address City State

References

Please list three (3) professional or supervisory references.

Full Name: _____ Title: _____

Company: _____ Phone: _____

E-mail Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

E-mail Address: _____

Full Name: _____ Title: _____

Company: _____ Phone: _____

E-mail Address: _____

Previous Employment

List last employer first, including periods of unemployment and/or military service, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title/Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Dates: _____ to _____ Reason for leaving: _____

May we contact this employer? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Dates: _____ to _____ Reason for leaving: _____

May we contact this employer? Yes No

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates: _____ to _____ Reason for leaving: _____
May we contact this employer? Yes No

Other Experience: Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer/ Mechanical/Other Skills (please describe):

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

Release & Privacy Statement

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

I understand that Lone Star Container Corp. (the "Company") requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, criminal record, credit, educational credentials, and other employment related activities. I agree to submit to any drug or alcohol testing which is required to qualify for employment with the Company.

I understand that this application is not an offer of employment and that by accepting my application, the Company does not guarantee that I will be offered a job. I also understand that if I am offered a job, the Company reserves the right to make such changes in the terms and conditions of my employment as the Company determines to be necessary or appropriate.

I understand that employment with the company would be an employment at-will, meaning my employment would not be for any fixed period of time and that, if employed, I may resign at any time for any reason with or without notice and the Company may terminate my employment at any time for any reason, with or without notice. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other Company materials do not create any guarantee of employment nor contractual rights, express or implied, and I agree that I will not rely upon them as such. I also understand and agree that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any employee or agent of the Company has the authority to alter any of the above, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the Company President and myself.

I understand that any false answers or statements made by me on this application, interview or any supplement thereto or in connection with the above-mentioned investigations, regardless of when discovered by the Company, will be grounds for immediate disqualification or discharge, if I am employed. I understand, also, that I am required to abide by all rules and regulations of the Company.

I further understand that any offer of employment may be contingent upon successfully completing a medical evaluation indicating that I am able to perform the essential functions of the job, with or without reasonable accommodation.

I certify that all the above information is true and complete in all respects and that I am submitting this information and any other information during the application process so that the Company can rely on this information in making employment decisions.

I acknowledge that I have read, understand and agree to abide by the terms of the RELEASE AND PRIVACY STATEMENT.

Signature of Applicant

Date

FOR EMPLOYER USE ONLY

Position _____ **Start Date** _____

Pay Rate \$ _____ per Hour or **Pay Rate** \$ _____ per Pay Period

Pay Type: Hourly / Salary / Commission