



# Employment Application

Mayfield Paper Company is an equal opportunity employer.

## Personal Information:

Date:		SSN:	
Name (Last, First, MI):			
Mailing Address: Street or P.O.		City	State, Zip
Phone:		Alternate Phone:	
Are you at least 18 years of age?		If you are offered a job, can you provide documentation, as req. by Federal Law, showing you are eligible for employment in the U.S.?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Employment Desired:

Position:			
Date you can start:		Salary Desired:	
Previous application to Mayfield Paper:		If so, when?	

## Education:

	Name and Location	Yrs. Attended	Degree/Certification Achieved
High School or Equivalency			
College			
Trade, Business, Internet or Correspondence			
Subjects of special study or research:			
Do you speak fluently any languages other than English?			
Military Service: Branch/Status		Discharge Date:	Disposition:
Activities/Hobbies/Interests (non Religious):			
(Please exclude organizations in which the name or character indicate the race, creed, color or national origin of its members.)			

## Current or Last Employer:

Name /address of most recent employer:		Phone number:	
Position Held:		Ending Salary:	
Dates of Employment:	From:	To:	
Name of Supervisor:	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of duties:			
Reason for Leaving?			

## Former Employers: List your last four employers, starting with the most recent. Do not repeat the information above.

Month and Year	Name, address & Phone of Employer	Position Held	Salary	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

## References: Please provide the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone	Relationship	Years Known

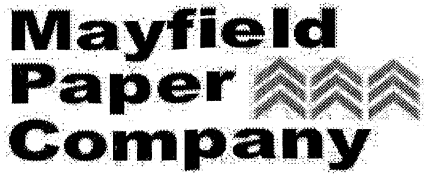
## Other

Driver License No:	State:	Class:	Exp. Date:	# Tickets in Last 3 yrs.
Ever convicted of DWI or DUI?		Ever convicted of or plead guilty or no contest to a Felony, Misdemeanor or received Deferred Adjudication?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explanation:				
Have you any "side" business interests?				

- I hereby authorize the Company to investigate the statements or references on this application. I hereby release the Company and any person providing information about me from all claims or liability related to the investigation.
- I certify that all the information submitted by me on this application is true and complete, and I understand that any false statements in this application will result in my discharge, at any time during my employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.
- If offered employment, I agree to submit to a physical examination by a physician including a drug screen, if so designated by the Company.
- By making this employment application, I agree that, absent further written agreement to the contrary, if I am accepted for employment, I will thereafter, in consideration of my employment, communicate, convey and assign any of my right, title and interest to any and all novel ideas, concepts, or inventions, patentable or not, and any patent applications thereon, which relate to the business or operations and which are made or conceived by me either solely or jointly with others during my employment term, and I will neither disclose to any other person or use for my own personal benefit any information relating to the business not publicly known, which is acquired by me during the term of and arising out of my employment.

Signature in ink:

Date:



## Applicant Background Questionnaire

### VOLUNTARY SELF IDENTIFICATION

Mayfield Paper Co. is an EEO employer, and as such, we are requesting your voluntary completion of this form to assist us in evaluating and improving our efforts to publicize job openings and to encourage applications for employment from a diverse group of qualified candidates, including minorities, veterans and persons with disabilities. Mayfield Paper Co. will use the data you supply to determine how many applicants are from different groups. We will also use it to reassess the effectiveness of specific outreach efforts and the means of communicating information on job vacancies.

Providing this information is **STRICTLY VOLUNTARY**. This information, or your decision that you have chosen not to provide this information will have no effect on hiring decisions. This form will be kept separately from any hiring documentation.

**Please complete the following information:**

Name: _____	Date: _____
Position for which you are applying: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Referral Source: _____ (e.g., Texas Workforce Solutions, Newspaper, Friend or Relative working at Mayfield, Internet, etc.)	
Race/Ethnicity Self Identification: <i>Please mark one or more races to indicate what you consider yourself to be.</i>	<input type="checkbox"/> American Indian (including Alaska Native) <input type="checkbox"/> Asian (including Pacific Islanders) <input type="checkbox"/> Black (or African American) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Hispanic (including persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin)
Disability Self Identification:	<input type="checkbox"/> Disabled Individual (Federal law defines a disabled person as one who (1) has a physical or mental impairment that substantially limits one or more of such person's major life activities; (2) has a record of such an impairment, or (3) is regarded as having such an impairment.) <input type="checkbox"/> Disabled Veteran (Federal law defines "disabled veteran" as a veteran who served on active duty in the U.S. military ground, naval, or air service and (1) was discharged or released from active duty because of a service-connected disability, or (2) who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) for certain disabilities under laws administered by the Department of Veterans Affairs (i.e., disabilities rated at 30 percent or more, or at 10 to 20 percent if the veteran has been determined to have a serious employment handicap).)
Veteran Status:	Are you a recently separated veteran or veteran who received the Armed Forces Service Medal? <input type="checkbox"/> Yes <input type="checkbox"/> No