



BAKER OFFICE PRODUCTS

APPLICATION FOR EMPLOYMENT

Baker Office Products is an Equal Opportunity Employer and complies with all federal, state and local laws prohibiting discrimination against qualified applicants and employees. No question on this application is intended to secure information to be used for such discrimination. Baker Office Products hires only U.S. citizens and aliens lawfully authorized to work in the U.S. In compliance with the Americans with Disabilities Act, Baker Office Products does not discriminate against qualified individuals with disabilities.

Please answer all questions on this form completely and in ink. Print the first section and use your normal handwriting for the remainder. Use additional paper if necessary. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. All applications are considered inactive after 30 days. If you are interested in employment after 30 days, you should complete another application.

Should employment occur, it is mutually agreed that there is not a contractual employment obligation binding either party for a specific time period, and either party may terminate the relationship at any time. **References are checked and we do pre-employment drug testing.** We also impose a 90-day initial probation period.

Signature _____ Date _____

PLEASE PRINT THE FOLLOWING SECTION

Name _____
(FIRST) (MIDDLE) (LAST) SOCIAL SECURITY NO. _____

Address _____
(STREET) (TELEPHONE NO.) _____

(CITY) (STATE) (ZIP) (LENGTH OF TIME AT THIS ADDRESS) _____

FOLLOWING, PLEASE USE YOUR NORMAL HANDWRITING

Type of work desired _____

Earnings desired _____

How were you referred to us? Advertisement Friend Relative Agency Other

Date available for work _____
 Part Time Full Time Temporary

Are you over 17 years of age? Yes No

EMPLOYMENT RECORD

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. Enter information here even though it may appear whole or in part in your resume.

Name and Address of Former Employer		Dates Employed	Position & Duties	Monthly Earnings (Salary, Comm., etc.)	Reason for Leaving
Company Name		From Mo. & Yr.		Starting	
Number & Street		To		Leaving	
City, State, Zip					
Job Title			Supervisor		

Name and Address of Former Employer		Dates Employed	Position & Duties	Monthly Earnings (Salary, Comm., etc.)	Reason for Leaving
Company Name		From Mo. & Yr.		Starting	
Number & Street		To		Leaving	
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Number & Street		To		Leaving	
City, State, Zip					
Job Title			Supervisor		

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer at this time? Yes No
(Permission to contact your employer will be required before a final offer of employment may be made.)

Comments: _____

Are you under any legal obligation not to compete with a previous employer? Yes No

If so, please explain: _____

Were you ever bonded? Yes No On which jobs? _____

Ever refused bond? Yes No Willing to furnish bond at our expense? Yes No

Has any employer ever asked you to resign or terminated your employment? Yes No

If yes, please explain: _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe: _____

Have you been employed here previously? Yes No

Have you ever applied here before? Yes No

Have you ever been convicted of a misdemeanor or felony, or sentenced to deferred adjudication within the last 7 years?

Yes No

Are you currently on probation or parole for any conviction? Yes No

If yes, please specify _____

Will you take a physical examination at our expense? Yes No

List name, address and telephone number of three references who are not related to you and are not previous employers:

Name	Address	Phone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UNEMPLOYMENT RECORD

Please account for all periods of unemployment during the last five years.

From		To		State What You Were Doing
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mr.	Yr.	Mo.	Yr.	

HEALTH RECORD

Do you smoke cigarettes, cigars, or pipes? Yes No

Do you use illegal drugs? Yes No

Are you willing to be tested for current use of illegal drugs? Yes No

Are you physically or otherwise able to perform the duties of the job for which you are applying? Yes No

EDUCATION

Name	City	State	Major Course Or Subject	Circle Last Year Completed	Diploma or Degree	Grade Avg
				1 2 3 4		
				1 2 3 4		
				1 2 3 4		
				1 2 3 4		

List scholastic honors, offices held, and activities in high school: _____

List scholastic honors, office held and activities in college: _____

Are you planning to pursue further studies? Yes No

If so, when, where, and what course(s)? _____

Indicate below any specific job experience and skills you have

- | | | |
|---|--|---|
| <input type="checkbox"/> 10-key calculator by touch | <input type="checkbox"/> Secretary | <input type="checkbox"/> Management |
| <input type="checkbox"/> Cash register | <input type="checkbox"/> Telephone Receptionist | <input type="checkbox"/> Technical services |
| <input type="checkbox"/> Computer operator | <input type="checkbox"/> Electronic typewriter Speed _____ wpm | <input type="checkbox"/> Inside sales |
| <input type="checkbox"/> Word processing | <input type="checkbox"/> Supervisor for _____ employees | <input type="checkbox"/> Outside sales |

I am familiar with the following software applications: _____

Bookkeeping Experience – Rank 1-7 in order of experience in box below:

- | | | | | | |
|--|---|---|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> General Ledger | <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Payroll | <input type="checkbox"/> Inventory | <input type="checkbox"/> Bank Deposits |
| <input type="checkbox"/> Other _____ | | | | | |

Please list and discuss any personal qualities or work skills which you think might be beneficial to us in evaluating your application: _____

List seminars and short courses you have attended: _____

Baker Office Products
Authorization and Certification
By Employment Applicant

Applicant's full printed name _____ Date _____

PLEASE READ THIS FULL PAGE BEFORE SIGNING. If you have any questions regarding this statement, please ask them before signing.

I authorize Baker Office Products and/or its agents to:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, or biographical sheet submitted by Applicant;
2. Obtain information regarding my work habits and skills from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills; and
5. Obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I further authorize all institutions, agencies, companies or persons referred to above, to give Employer and/or its agents all information requested. Under the Federal Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by Employer from a consumer reporting agency. I understand that I will be so advised and given the name of the reporting agency for more information. I release Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for illegal drugs.

In the event of my employment to a position in the Company, I will comply with all rules and regulations as set forth in the Company's policy manual and other rules, procedures, and policies as amended from time to time, including any drug-free workplace policies. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. If I will be driving on Company business, I understand that my driving record will be reviewed before and during employment and that I am subject to immediate termination if I become uninsurable due to traffic violations, on or off the job, irrespective of fault. As a prerequisite to employment and as a condition of continued employment, I agree to submit to such physical or other examinations as may be required by the Company. I understand I am subject to being tested for drugs with or without cause, randomly or otherwise, and that I am subject to termination if I refuse or if test results are positive. The Company, at its own expense, may arrange for a surety bond for employees. Unless the applicant's background is acceptable to a surety company (not relative to race, color, religious creed, national origin or ancestry) it will be difficult to secure this bond and the Company may be unable to offer employment. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits and operating policies. I understand that if I am employed, such employment will be of an "at-will" nature, will be for an indefinite period and can be terminated at any time by Employer or myself, without notice and without cause. I further understand that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that is covered by this application. I have accounted for all of my work experience, training and other information requested on this application. I understand that any false or misleading information given in this application or interview(s) will result in rejection of my application or discharge whenever discovered.

Applicant's Signature	Social Security Number
Applicant's Printed Name	Driver's License Number
Street Address	State Issuing Driver's License
City/State/Zip Code	