



Greeley Office:
 295 71st. Ave., Greeley, CO 80634
 970-353-8787 or 1-800-530-2428
 Fax: 970-353-2406

Pueblo Office:
 1109 S. Santa Fe Ave., Pueblo, CO 81006
 719-253-0468 or 1-800-436-1001
 Fax: 719-253-0469

Correspondence/Mail/Remittance Address: PO Box 336730, Greeley, CO 80633-0613

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number
Street Address	City	State	Zip Code
(if less than 3 years, please list previous addresses):			
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Are you 18 years of age or older?			Yes <input type="checkbox"/> No <input type="checkbox"/>
(If you are hired, you may be required to submit proof of age.)			
Social Security # (Optional) _____			
If hired, can you furnish proof you are eligible to work in the U.S.?			Yes <input type="checkbox"/> No <input type="checkbox"/>



Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, give details _____
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____		

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. ****Persons applying for a CDL drivers position must list all employers for the past 10 years; all other drivers must list for the past 3 years.**

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Supervisor(s)
Address	Employed From (mo/yr) / To(mo/yr) /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor(s)
Address	Employed From (mo/yr) / To(mo/yr) /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor(s)
Address	Employed From (mo/yr) / To(mo/yr) /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor(s)
Address	Employed From (mo/yr) / To(mo/yr) /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

If applying for a drivers position, please go to the next section.

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.
Ask the organization's representative for details.

**THIS SECTION TO BE COMPLETED FOR DRIVER APPLICANTS
ONLY**



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ADDITIONAL DRIVER INFORMATION

Date of Application ___/___/___ Date of Birth ___/___/___ (Required for Commercial Drivers)

Can you provide proof of age? _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes [] No []

List special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

Show any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes [] No []

If yes, give details: _____



Accident Record for the past 3 years or more (attach sheet if more space needed); If none, write none:

Dates (From the most recent to previous)	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) If none, write none:

Location	Date	Charge	Penalty

Please list your current and previous drivers licenses held:

State	License #	Type	Expiration Date

Please list your driving experience; If none, write none:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates (From : To)	Approx. # of Total Miles
Straight Truck			
Tractor/Semi-Trailer			
Tractor/2 Trailers			
Motorcoach/School Bus			
Other			

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I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

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Release & Disclosure Authorization

In connection with my application for employment (including contract for services) or at any time during my employment or contract, I agree to allow and hereby authorize NORTHERN LUMINO PAPER to procure and Premier Employment Screening Services to compile a consumer report or investigative consumer report on me. This report may include information as to my character, reputation, mode of living, criminal history, military service, education, academic credentials, qualifications, employment history (including job performance, experience, work habits and reason for termination), personal characteristics, credit and indebtedness, and motor vehicle driving record. This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, the military, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that this report is subject to a federal law, The Fair Credit Reporting Act (FCRA), and that I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer-reporting agency (also indicated below).

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments of motor vehicles, educational institutions, the military and licensing or registration entities, contacted by Premier Employment Screening Services to release information about me, including, without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT

 Last Name

 First Name

 Middle Initial

 Other Name(s) Used (attach additional sheet(s) if necessary)

 Date(s) You Stopped Using Other Name(s)

 Current Street Address

 City

 State

 County

 Zip

 Date of Birth *(The Age Discrimination in Employment Act of 1967 prohibits discrimination in employment based on age.)*

 Social Security Number

 Current Driver's License Number

 State of Issue

 Expiration Date

 Applicant's Signature

 Today's Date

These reports will be processed by: Premier Employment Screening Services 113 S. College Avenue, Fort Collins, CO 80524 or (800) 350-7941. Questions as to the validity of this authorization may be directed to Premier Employment Screening Services.

California Applicants: I am a resident of California and I wish to receive a copy of my consumer report.

If checked, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. A summary of the consumer rights provisions of California Civil Code Section 1786.22 have been provided to me.

Minnesota or Oklahoma Applicants: I am a resident of Minnesota or Oklahoma and I wish to receive a copy of my consumer report.

New York Applicants: I am a resident of New York. By checking this box, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report (as indicated above).

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.