



Columbia Corrugated Box / Packaging Resources

12777 SW Tualatin-Sherwood Road, Tualatin, OR 97062

Employment Application

Referred by: _____
Employee name

To return completed application:

- 1) *Mail or stop by in person*
- 2) *Fax to HR: 503-218-4170*
- 3) *Scan and send via email to:
hract@ccbox.com*



Employment Application

Columbia Corrugated Box / Packaging Resources Co.

(An Equal Opportunity Employer)

Please review the entire application before you begin. Legibility, accuracy, organization and completeness are important.

Last name	First name	Middle initial
Address	** Phone Number	

Job applied for: _____ Today's date: _____

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

How soon are you available for employment? _____

What shifts are you available to work? Day Swing

Have you ever worked for this company before? Yes No If yes, when? _____

In what job position(s)? _____

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.		
Employer:	Name of last supervisor	Employment dates (from...to)
Address:	Your last job title	
Phone:	Reason for leaving	
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.		

Work Experience Please list your work experience beginning with your most recent job held. If you were self-employed, give company name.		
Employer:	Name of last supervisor	Employment dates (from...to)
Address:		
Phone:	Your last job title	
Reason for leaving		
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.		

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Employer:	Name of last supervisor	Employment dates (from...to)
Address:		
Phone:	Your last job title	
Reason for leaving		
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this employer.		

(If more space is needed for employment information you may continue on page 9.)

May we contact your present employer?

Yes No, because (Please state reason)

Education Please list any education that qualifies you for the job for which you are applying. Provide names of schools, dates of enrollment (except for high school), cities and states.

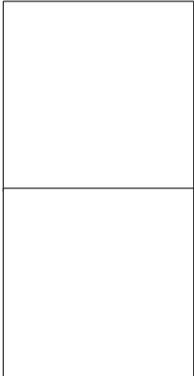
Training Have you completed any training or classes relevant to the job for which you are applying? (Examples: On-the-job safety training, military training, production training, etc.) Be specific.

Special Skills Do you have any special skills or experiences that are relevant to the job for which you are applying? (Examples: Experience operating plant or office machines, computer skills, experience in warehouse jobs, skills in maintaining or repairing equipment, etc.) Be specific.

Experience and Activities We want employees to advance. Describe any job experience, school or other activities that demonstrate your desire and ability to advance or learn new skills.

Certification

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete, or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize all entities and individuals identified or discovered during the company's hiring process to provide information regarding my employment, education, character and qualifications. I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules, policies and procedures. I also understand that my employment is "at will," which means that the company or I may terminate my employment at any time for any reason.



Applicant's signature

Date

***It is the policy of Columbia Corrugated Box/Packaging Resources not to discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran.

Pre-Offer Form—Invitation to Self-Identify (For Federal Contractors)

We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a federal contractor subject to Executive Order 11246 (which requires us to track applicants' and employees' ethnicity/race and gender for statistical purposes) and the Vietnam Era Veterans' Readjustment Assistance Act (which requires us to employ and promote protected veterans). In compliance with these laws, our Affirmative Action Program requires us to engage in outreach, monitor our employment decisions to ensure they are nondiscriminatory, report certain data, and track our progress. The information you provide will be used only in ways that are consistent with these laws. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. Please check the appropriate boxes below and return to [job title and address of company representative] as soon as possible. Thank you!

Print name: _____ Job applied for: _____

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you Hispanic?	<input type="checkbox"/> Yes. Hispanic means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, you may skip the next question. <input type="checkbox"/> No. Continue to the next question.
What is your race?	<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="checkbox"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races.

Are you a protected veteran?

Yes. Includes: **Disabled veteran** (veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or would be if not receiving military retired pay) under laws administered by the Secretary of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability), **Active duty wartime or campaign badge veteran** (veteran who served on active duty in the U.S. military, ground, naval or air service during a *period of war* [Korean Conflict: June 27, 1950 – January 31, 1955; Vietnam Era: February 28, 1961 – May 7, 1975 for veterans serving in the Republic of Vietnam or August 5, 1964 – May 7, 1975 for all other cases; Persian Gulf War: August 2, 1990 – current] *or in a campaign or expedition* for which a campaign badge has been authorized under the laws administered by the Department of Defense), **Armed Forces Service Medal veteran** (veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985), or **Recently separated veteran** (any veteran during the 3-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service).

No.

Sign here Signature: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

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.ⁱ 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

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.

ⁱ 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.

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.

Additional space if needed.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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