

Application for Employment

BOXES, INC.

1833 KNOX AVE * ST. LOUIS, MO 63139

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Boxes, Inc. is an equal opportunity employer.

Position(s) applied for _____ Date of application _____

Name _____ Social Security # _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/ Other Phone # (____) _____ E-mail Address _____

Are you 18 years or older? Yes No

Are you able to perform the essential functions of the job with or without a reasonable accommodation? Yes No

Have you ever been employed here before? Yes No

If yes give dates and positions. _____

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

Date available for work. _____ What is your desired salary range? _____

Type of employment desired. Full-Time Part-Time Shift preferred 1st 2nd 3rd

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a felony or misdemeanor within the last 7 years? Yes No

If yes, please provide date(s) and details. _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT. AS PART OF THE BACKGROUND INFORMATION THAT YOU PROVIDE ON THIS APPLICATION, YOU ARE NOT REQUIRED TO PROVIDE, AND YOU SHALL NOT VOLUNTARILY PROVIDE, THE COMPANY WITH ANY INFORMATION REGARDING ANY CONVICTION/ARREST RECORDS PERTAINING TO YOU THAT HAVE BEEN SEALED OR EXPUNGED.

Employment History Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

| | | | |
|------------------------------------|----|---|------------------|
| FROM | TO | EMPLOYER | TELEPHONE # |
| STARTING JOB TITLE/FINAL JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| MAY WE CONTACT FOR REFERENCE? | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY | |
| | | START \$ | PER FINAL \$ PER |
| FROM | TO | EMPLOYER | TELEPHONE # |
| STARTING JOB TITLE/FINAL JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
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| REASON FOR LEAVING | | HOURLY RATE/SALARY | |
| | | START \$ | PER FINAL \$ PER |
| FROM | TO | EMPLOYER | TELEPHONE # |
| STARTING JOB TITLE/FINAL JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| MAY WE CONTACT FOR REFERENCE? | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY | |
| | | START \$ | PER FINAL \$ PER |

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

| NAME AND LOCATION | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE? | | COURSE OF STUDY |
|-------------------|---------------------------|-------------------|--------|-----------------|
| | | MAJOR | DEGREE | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

References

| NAME | TELEPHONE | NUMBER OF YEARS KNOWN |
|------|-----------|-----------------------|
| | () | |
| | () | |
| | () | |

Applicant Statement

By my signature on this Application, I acknowledge that the company did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged.

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I also understand that this employer participates in E-Verify.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____

EE0-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites candidates to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Phone () _____

EE0-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am not Hispanic or Latino.
- Yes, I am Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race-IMPORTANT- Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

What is your race? Select ONE of the following categorie(s):

- White**- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American**- A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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.
- Native Hawaiian or Other Pacific Islander**- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races**- All persons who identify with more than one of the above five *rac*es.
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PRE- AND POST-OFFER SELF-IDENTIFICATION FORM FOR PROTECTED VETERANS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) 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.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may

be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Military Service Dates:

Branch Served:

I DO NOT WISH TO DISCLOSE MY STATUS

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Date

Name

Signature