

EMPLOYMENT APPLICATION

ROYAL ENVELOPE

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. This application is considered valid for 30 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application and submitting it to the Human Resources Department. **PLEASE PRINT ALL REQUESTED INFORMATION. DO NOT USE "REFER TO RESUME."**

PERSONAL INFORMATION

| | | | |
|--|-------|--------|-------------------------------------|
| LAST NAME | FIRST | MIDDLE | DATE OF APPLICATION |
| STREET ADDRESS | | | HOME PHONE |
| CITY, STATE, ZIP | | | DAY TIME PHONE |
| WERE YOU PREVIOUSLY EMPLOYED BY ROYAL ENVELOPE? | | | Social Security Number |
| <input type="checkbox"/> YES, Date(s) Location(s) <input type="checkbox"/> NO | | | |
| HAVE YOU EVER APPLIED TO ROYAL ENVELOPE? | | | Drivers License No. (if applicable) |
| <input type="checkbox"/> YES, Date(s) Location(s) <input type="checkbox"/> NO | | | |

JOB REFERRAL SOURCE (name specific source):

Newspaper/Internet Ad Agency Employee Walk-in Other

Check the following options which you would like to work In case of emergency Phone

Full-Time Part-Time Temporary

Are you willing to work overtime? Are you currently on "lay-off" status and subject to recall? Are you employed now? Date available to work

YES NO YES NO YES Where? NO

| HOURS AVAILABLE | Mon. | Tue. | Wed. | Thur. | Fri. | Sat. | Sun. | Position Applying for: | Salaried Desired |
|-----------------|--|--|--|--|--|--|--|---|--|
| FROM: | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | Facility location at which employment is desired: | |
| TO: | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | <input type="checkbox"/> AM <input type="checkbox"/> PM | | Can you travel overnight if the job requires it? |

| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DIPLOMA OR DEGREE |
|-----------------------|-----------------------------|-----------------|------------------------|-------------------|-------------------|
| HIGH SCHOOL/GED | | | | | |
| COLLEGE OR UNIVERSITY | | | | | |
| F.L. SMITH or WD | | | | | |
| TRADE SCHOOL | | | | | |
| APPRENTICE SCHOOL | | | | | |
| OTHER | | | | | |

List any other education, training, special skills, certifications, or licenses that you possess: _____

EXPERIENCE - List Present and Former Employers beginning with most recent.

| | | |
|---|---|-----------|
| Company | Type of Business | Phone No. |
| Address | Employed (Month and Year) | |
| Name and Title of Supervisor | From | To |
| | May We Contact? | Employed |
| State Job Title and Describe Your Work and Responsibilities | P YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| | Wages (hourly, salary, or base and commission) | |
| | Starting | Last |
| | Reason for Leaving | |
| Company | Type of Business | Phone No. |
| Address | Employed (Month and Year) | |
| Name and Title of Supervisor | From | To |
| | May We Contact? | Employed |
| State Job Title and Describe Your Work and Responsibilities | P YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| | Wages (hourly, salary, or base and commission) | |
| | Starting | Last |
| | Reason for Leaving | |
| Company | Type of Business | Phone No. |
| Address | Employed (Month and Year) | |
| Name and Title of Supervisor | From | To |
| | May We Contact? | Employed |
| State Job Title and Describe Your Work and Responsibilities | P YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| | Wages (hourly, salary, or base and commission) | |
| | Starting | Last |
| | Reason for Leaving | |
| Company | Type of Business | Phone No. |
| Address | Employed (Month and Year) | |
| Name and Title of Supervisor | From | To |
| | May We Contact? | Employed |
| State Job Title and Describe Your Work and Responsibilities | P YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| | Wages (hourly, salary, or base and commission) | |
| | Starting | Last |
| | Reason for Leaving | |
| Company | Type of Business | Phone No. |
| Address | Employed (Month and Year) | |
| Name and Title of Supervisor | From | To |
| | May We Contact? | Employed |
| State Job Title and Describe Your Work and Responsibilities | P YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | |
| | Wages (hourly, salary, or base and commission) | |
| | Starting | Last |
| | Reason for Leaving | |

SKILLS AND QUALIFICATIONS

Have you had any other experiences or qualifications, in addition to those indicated above, which relate to the job for which you are applying? (Include any foreign language knowledge.) If so, please describe:

Computer Hardware/Software: _____

Office Machines: _____

Production Equipment: _____

Mobile Equipment: _____

Other: _____

REFERENCES List three (3) business persons known, not related to you and other than those listed above, who can speak to your previous and/or present job performance, knowledge, skills, and/or abilities.

| NAME | TITLE | BUSINESS | PHONE | YEARS KNOWN |
|------|-------|----------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

ADDITIONAL EMPLOYMENT RELATED INFORMATION

List any relatives or friends working for this company:

| NAME | Relationship |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |

Can you verify your legal rights to work in the U.S. by providing appropriate documentation?
 (Proof of U.S. Citizenship or Immigration status is required upon employment.) (YES (NO

Are you able to perform the job for which you are applying? (YES (NO

PHYSICAL RECORD:

DID YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE:

IN CASE OF EMERGENCY NOTIFY:

| Name | Address | Phone No. |
|------|---------|-----------|
| | | |

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUND FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, 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 PRIOR NOTICE.

| DATE | SIGNATURE |
|------|-----------|
| | |

APPLICANT'S REFERENCE AUTHORIZATION AND CERTIFICATION

This is to inform you that as part of our procedure for processing your employment application, ROYAL ENVELOPE will investigate your previous employment, educational credentials, and/or other employment-related activities such as driving record, etc. ROYAL ENVELOPE may use an independent consumer/investigation-reporting agency.

I hereby authorize all prior employers, educational institutions, the Social Security Administration, law enforcement, investigative and other government agencies to give ROYAL ENVELOPE any and all information concerning previous employment as well as any relevant information and opinions which may be useful in making a hiring decision, including, but not limited to, any courthouse, any public agency, and any and all law enforcement agencies, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources. This information may include information as to your character, driving record (including traffic citations), a social security number verification, present and former addresses, criminal (felony) record, educational verification, general reputation, and/or personal characteristics. By signing this document you agree to the investigation and agree to cooperate in such investigations and release any and all persons, companies, government agencies, or others from any and all liability from furnishing information and opinions (whatever is truthful or made in good faith) to the company.

I understand that any omission, false or inaccurate statements on my resume, application, during interviews, or on any document completed during the interview/employment process will result in my removal from further consideration for employment, or, if employed when discovered, may result in dismissal regardless of the time elapsed before discovery. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that if any allegations of workplace misconduct are made against me during my employment the Company will investigate those allegations. I give my permission to the Company to conduct those investigations and I agree to cooperate in all such investigations.

I certify that answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with ROYAL ENVELOPE is an "AT-WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood 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 the President of ROYAL ENVELOPE

You will asked to take a drug test as part of your pre-employment screening. Successful completion of this test is required before you begin work.

Name (print): _____ Date: _____
Signature: _____ Social Security* #: _____

Driver's License Number: _____ State of Issuance: _____

Please list other names you have used: _____ Dates Used: _____

Current Address: _____ How Long?: _____

City/State/Zip: _____

Former Address: _____ How Long?: _____

City/State/Zip: _____

Former Address: _____ How Long?: _____

City/State/Zip: _____

* Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.