



APPLICATION FOR EMPLOYMENT

BOX IT PACK and SHIP IS AN EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE:

PERSONAL INFORMATION

NAME (LAST, FIRST, MI.)		SOCIAL SECURITY NO.		DATE OF BIRTH	
CURRENT ADDRESS (STREET)		CITY	STATE		ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	STATE		ZIP CODE
10-DIGIT DAYTIME PHONE NUMBER		E-MAIL ADDRESS:		HOW DID YOU HEAR ABOUT US?	
ARE YOU A US CITIZEN? YES NO		IF YES, IN WHAT STATE WERE YOU BORN?		IF NO, DO YOU HAVE A PERMANENT RESIDENT OR ALIEN REGISTRATION CARD, FORM (I-551)? YES NO	

EMPLOYMENT DESIRED

POSITION APPLIED FOR?		DATE YOU CAN START?		ANNUAL SALARY DESIRED or DOLLARS PER HOUR ?	
ARE YOU EMPLOYED? YES NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO			
EVER YOU, OR YOUR KIN EVER APPLIED WITH, OR WORKED AT BOX IT PACK & SHIP BEFORE? YES NO		DO YOU HAVE KIN OR A CLOSE FRIEND WHO WORKS AT A SIMILAR SHIPPING STORE WITHIN 10-MILES OF THIS LOCATION? YES NO			
FULL TIME PART TIME TEMP/PROJECT		ARE YOU AT LEAST 17 YEARS OLD? YES NO		ARE YOU ABLE TO LIFT UP TO 50LBS UNASSISTED? YES NO	
WHAT DAY(S) ARE NOT ABLE TO WORK? MON TUE WED THU FRI SAT SUN					

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	MAJOR(S)
HIGH SCHOOL				
COLLEGE (SPECIFY IF SOME)				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIALIZE STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS				
U.S. MILITARY SERVICE? YES NO		BRANCH?	RANK/RATE/MOS?	DO YOU HAVE A COPY OF YOUR DD-214 YES NO

PREVIOUS EMPLOYEMENT

DD/MM/YYYY	NAME/ADDRESS/PHONE OF EMPLOYER	YOUR POSTION	SUPERVISOR	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Box It Pack & Ship • 190 Gulf Freeway S, Suite B2 • League City, TX 77573

Main: 281-332-1599 • Fax: 281-338-2808 • e-mail: Support@boxitlc.com • www.boxitpackandship.com

PERSONAL TRAITS

BRIEFLY DESCRIBE THREE OF WHAT YOU THINK ARE YOUR BEST PERSONAL TRAITS
Trait One (1):
Trait Two (2):
Trait Three (3):

CRIMINAL CONVICTIONS

WE ASK THIS INFORMATION BECAUSE THIS POSITION REQUIRES YOU TO BE A NOTARY PUBLIC, WHICH YOU CANNOT BE IF YOU HAVE A CRIMINAL CONVICTION.

DO YOU HAVE A CRIMINAL CONVICTIONS?	YES	NO
-------------------------------------	-----	----

REFERENCES

NAME	ADDRESS – PHONE – EMAIL	PERSONAL? BUSINESS?	YEARS KNOWN

AUTHORIZATION

"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 grounds for dismissal.

I authorize Box It Pack and Ship to investigate all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

NAME (PRINT)	SIGNATURE	DATE
--------------	-----------	------

DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S REMARKS

NEATNESS		CHARACTER			
PERSONALITY		ABILITY			
HIRED	START DATE	POSITION	SHIRT SIZE	RATE OF STARTING PAY	
APPROVED	YES	NO	MAYBE	NAME/SIGNATURE OF INTERVIEWER	NAME/SIGNATURE OF HIRING MANAGER