APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFO	RMATION						
·	Date						
Name		٠					
	Last	First		Middle			
Present Address	Street	· · · · · · · · · · · · · · · · · · ·		City	Si	ate	Zlp
Permanent Address		<i>Ē</i>					
Phone No.	Street)		City	Si	ate	Zip
Referred							
Ву	Are you 18 years of age or older? ☐Yes ☐No						
EMPLOYMENT DE	SIRED						
Position			Date You		Sal	ary	
Osition			Can Start	a Inquire		sired	
Are You Employed Now?	l Yes □ No		of Your Pres	If So May We Inquire of Your Present Employer? □ Yes □ No			
Ever Applied to this Company Before? ☐ Yes ☐ No			Where?		Wh	en?	
EDUCATION	Name and	Location of School		Circle Last Year	. Did You	Subjects Stu Degree(s) F	udied and
	- Tano and	Location of Control		Complete	d Gladdate:	Degree(s) F	Received
Grammar School					□ Yes □ No		
High School				1 2 3	4 ☐ Yes		
0-11					□ No		
College				1 2 3	⁴ □ No		
Trade, Business or Correspondence School				1 2 3	4		
							
ja variation and the state of t							_
GENERAL							
Subjects of Special Study or I	Research Work						
	· · · · · · · · · · · · · · · · · · ·						
lob Related Skills (typing, dri							
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M660-26NR RV (7/92)					 		Printed in

Date Month and Year	OYERS List below your last four employers, starting Name and Address of Employer		Salary (upon leaving)	Position	Reason for Leaving	
From						
То		å				
From						
То						
From						
То		<u> </u>				
From						
То						
REFERENCES LIE	st below three person	s not related to you, whom you	u have known at least	one year.		
Name		Address		Position	Years Acquainted	
1						
2					<u></u>	
3						
EMDI OVMENT OR ANY	EMPLOYEE TO SUB MENT OR CONTIN	MAY NOT REQUIRE OR DEM. MIT TO OR TAKE A POLYGR JED EMPLOYMENT, ANY EM	IAPH. LIE DETECTOI	R OR SIMILAR TEST	OR EXAMIN	ATION AS A

violates this law shall be subject to criminal penalties and civil liability.

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any Interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date Signature	
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