

Dear Applicant:

Thank you for your interest in F. M. Howell & Company. We strive to be the BEST in all that we do.

Please complete the attached Application for Employment. You may complete our electronic fillable Application for Employment or print an Application for Employment form to complete by hand. The method you choose has no bearing on your consideration for employment with us.

- 1) To complete our electronic fillable Application for Employment:
 - Save the application to your computer. (Click File, Save As, and name your file.)
 - Complete the entire form. For your cyber-security protection, the social security field is not required at this stage in the recruitment process. We will gather that information when we meet you in person.
 - Save the application again when complete, and before emailing. You must be using Adobe Reader XI or higher to save the PDF. Other PDF viewers may not work.
 - Attach the application to an email addressed to careers@fmhowell.com and send.

- 2) Printable Application for Employment. You may print this form, and complete it manually. You may mail or hand deliver to F. M. Howell & Company, 79 Pennsylvania Avenue, Elmira, NY 14904. Also, you can scan and email the application to careers@fmhowell.com.

We again thank you for your interest in working at F. M. Howell & Company.

Regards,

Kip D. Burlew
Human Resources Manager
F. M. Howell & Company

Founded in 1883, F. M. Howell & Company is a premier employer and manufacturer of paperboard and plastic packaging, and provider of custom contract packaging services. Operating in four state-of-the-art facilities in Elmira, NY, we serve a diversified customer base spanning from our region to international in scope.



F. M. Howell & Company
79 Pennsylvania Avenue
PO Box 286
Elmira, NY 14902
Email: careers@fmhowell.com
EOE

APPLICATION FOR EMPLOYMENT

HOWELL

F.M. HOWELL & CO., BOX 286, ELMIRA, NY 14902
 Phone: (607)734-6291 FAX: (607)734-8667

HR DEPT.	
Start Date _____	Emp. No. _____
Dept. _____	Job Title _____
Personnel Test _____	Other _____

We appreciate your interest in our company. All qualified applicants will receive consideration for employment without regard to age, race, color, creed, religion, national origin, sex, handicap or disability, military veteran status, or marital status or any other legally protected classification. A test for drug use is included in a medical examination which is required after an offer of employment is made and prior to employment beginning. In the event the test is positive for any illegal drug, the offer of employment will be rescinded.

Date: _____

Name: _____ Social Security No.: _____ - -

Address: _____ E-mail Address: _____

Telephone Number(s) where we may contact you: _____ / _____

Are you age 18 or older? Yes No Indicate shifts you are available to work first (day) second third

Position applied for: _____ Referred by _____

Have you been employed previously by F. M. Howell & Company? Yes No If yes, give dates of employment and job title.

Are you known to schools, employers or references by any other name? Yes No

If yes, give name: _____

Do any of your relatives work here? Yes No If yes, give names: _____

Do you know of friends or acquaintances who work here? Yes No If yes, give names: _____

Have you ever been convicted of a crime? Yes No If yes, give details: _____

Work in our plants usually involves standing at a workstation for an eight-hour shift, often lifting regularly and repeatedly up to thirty pounds, bending, reaching and grasping with both hands. Are you able to perform these physical tasks? Yes No

Describe any experience, skills or qualifications that you feel will assist us in placing you in the best position: _____

RECORD OF EDUCATION

School	Name/ Address / City / State / Zip	Course of Study	No. of Years Completed	Did you Graduate?	College Diploma / GED / Degree
High					
College					
Other (specify)					

MILITARY SERVICE

Have you ever served in the U. S. Armed Forces? Yes No

If Yes, list branch of service, grade or rank, dates and duties, including special training: _____

PRIOR WORK HISTORY Instructions: List in order, last or current employer first. Account for any gaps in your employment.

Dates of Employment Mo. From - Mo. To	Employer Name / Telephone Address / City / State / Zip	Your Job Title	Rate of Pay	Supervisor Name
Describe the work you performed:				
Reason for leaving (be specific)				

Dates of Employment Mo. From - Mo. To	Employer Name / Telephone Address / City / State / Zip	Your Job Title	Rate of Pay	Supervisor Name
Describe the work you performed:				
Reason for leaving (be specific)				

Dates of Employment Mo. From - Mo. To	Employer Name / Telephone Address / City / State / Zip	Your Job Title	Rate of Pay	Supervisor Name
Describe the work you performed:				
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Dates of Employment Mo. From - Mo. To	Employer Name / Telephone Address / City / State / Zip	Your Job Title	Rate of Pay	Supervisor Name
Describe the work you performed:				
Reason for leaving (be specific)				

PERSONAL REFERENCES (excluding relatives)

Name and Occupation	Dates Known	Address	Telephone Number
1.			
2.			
3.			

Business conditions may at times require that employees work overtime and be assigned various types of work that may be a change in work duties and shifts.

I understand that the pre-employment screening procedure of F.M. Howell & Company may include an investigation into my employment and personal background. I hereby authorize my former employer(s), or any other party, to release all records of my service and other relevant information and release from liability or responsibility all persons, schools, companies and corporations supplying and collecting such information. I hereby authorize F.M. Howell & Company or its agents to investigate my employment, educational, driving and financial records, criminal history, and military history, and I authorize all government sources including law enforcement agencies to release information regarding my records.

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and separation from the company's service if I have been employed.

I understand and agree that if employed by F.M. Howell & Company my employment will be at will and without fixed term. F.M. Howell & Company or I may terminate said employment at any time without prior notice.

Signed: _____ Date: _____