FOAM PACKAGING, INC.

35 Stennis Dr. Vicksburg, MS 39180
601-638-4871

In order for your application to be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Please feel free to attach a resume as a supplement to this application. This application will remain active for a period of thirty (30) days. For an applicant to be considered after this time period they will need to reapply.

PERSONAL DATA

Name (Last, First, MI):			Date:
Other Names Used?			
(Number & Street)	(City)	(State)	(zip)
Present Address:			
Email Address:			
Home Telephone	Work Telephone	Social Security #	Are you legally eligible to work in the United States? ☐ Yes ☐ No
Have you ever been employed by Foam Packaging, Inc.?	☐ Yes –When		☐ No

Production Shifts - (7:00 am –3:00 pm) (3:00 pm –11:00 pm) (11:00 pm –7:00 am)
Applicant needs to be willing to work any shift assigned.

Desired Position	Full-Time or Part-Time	$ Expected / Month	Date of Availability

Relatives or Acquaintances Employed by Foam Packaging, Inc.

Name	Department	Relationship

EDUCATION

School	Name/City/State	Course or Major Area	Years Attended	Certificate or Degree Awarded
GED			XXXXX	GED ☐ Yes
High School			XXXXX	Diploma ☐ Yes
College				
Graduate				
Business				
Trade				
Other				

Professional accomplishments and activities (include professional memberships and/or certifications in professional or technical organizations, papers published, patents, etc).

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_____
_____
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Foam Packaging, Inc. is an equal opportunity employer and dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, gender, religion, national origin, disability, or veteran status.

FOAM PACKAGING, INC.

Starting with your present employer, include all prior positions held during the last 5 years, significant part-time jobs and periods of U.S. military service. If you have had more than one significant position with an employer, please indicate. **Do not state "refer to resume."** Use additional sheets if necessary.

Present Employer	Address of Employer	Dates Employed From To

Nature of Business	Phone	Position/Title	Base Salary/Month Start Ending

Immediate Supervisor (Name & Title)	Other Compensation (Bonus Overtime, etc)
Describe Your Responsibilities	Reason for Leaving

Employer	Address of Employer	Dates Employed From: To:

Nature of Business	Phone	Position/Title	Base Salary/Month Start Ending

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Describe Your Responsibilities	Reason for Leaving

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MILITARY SERVICE

Branch of Service	Last Rank Held	Length of Service
Are you currently a member of the reserves? ☐Yes ☐No	☐ Active ☐ Inactive	If active, what unit?

Types of duty performed/special training.

_____

_____

REFERENCES (please provide three business references)

Name	City, State	Telephone	Relationship	Occupation	Years known

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Revised 4/10/2025