

Application For Employment

PrimeSource Healthcare is an equal opportunity employer. All applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, disability or handicap, or any other category protected by law.

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
How Did You Learn About Us?					
<input type="checkbox"/> Newspaper Advertisement		<input type="checkbox"/> CareerBuilder		<input type="checkbox"/> Friend	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Other _____					
<input type="checkbox"/> PrimeSource Associate Referral Name _____					
Last Name		First Name		Middle Name	
Address	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number(s) _____					

If hired can you provide written documentation that you are authorized to work in the United States? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Do you have any relatives employed by PrimeSource? Yes No
 If yes: Name _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job and complete fully. PLEASE DO NOT WRITE "SEE RESUME". Include any job-related military service assignments and volunteer activities.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	City	State	Zip		
	Telephone Number(s)		Hourly Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	City	State	Zip		
	Telephone Number(s)		Hourly Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	City	State	Zip		
	Telephone Number(s)		Hourly Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	City	State	Zip		
	Telephone Number(s)		Hourly Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
Employer		Dates Employed		Work Performed	
		From	To		
Address					
City	State	Zip			
Telephone Number(s)		Hourly Salary			
		Starting	Final		
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education

	Name Of School	Address Of School	Course of Study	Years Completed	Diploma Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Computer Skills

Check All That Apply

Other (list):

____ MS WORD

____ EXCEL

____ POWERPOINT

____ ACCESS

____ ACT

State any additional information you feel may be helpful to us in considering your application.

Professional References

1. _____ (____) _____
Name Phone #

Address City State Zip

2. _____ (____) _____
Name Phone #

Address City State Zip

3. _____ (____) _____
Name Phone #

Address City State Zip

Applicant's Statement

I authorize the release of any and all information as requested by PrimeSource Healthcare regarding employment, including but not limited to, salary, dates of employment, job performance, etc. In addition, I authorize schools and individuals to provide any information requested by PrimeSource Healthcare. I release any company, school, or individual from any and all liability by providing this information.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time must submit a new application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the PrimeSource Healthcare may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed except in writing by the President/CEO of PrimeSource Healthcare.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s), or willful omission of information, shall be sufficient cause for dismissal or refusal of employment. I understand, also, that I am required to abide by all rules and regulations of PrimeSource Healthcare.

Signature of Applicant

Date

**Disclosure to Employment Applicant
Regarding Procurement of a Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report or investigative consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Release Authorization

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name _____ LAST FIRST MIDDLE

Please print other names you have used _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black Hispanic White Other

Driver's License Number _____ State Issuing License _____

Name as it appears on license _____

Signature _____ Today's Date _____

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Driver's Policy

PURPOSE

PrimeSource Healthcare Systems, Inc. considers the public and their safety as a crucial part of our business. In addition to public safety, our associate's safety and the safeguarding of our assets (vehicles) is vital part to our business.

POLICY

It is the policy of PrimeSource Healthcare Systems, Inc. to ensure drivers are qualified to drive, which includes having and maintaining a valid driver's license and an acceptable driving record (as outlined under Procedure Paragraph 8). In addition, the Company will take appropriate action to ensure that public safety, our associate's safety, and our vehicles are not compromised.

PROCEDURE

- 1) Candidates for employment and Associates / Contractors that become eligible for a company vehicle or whose positions require driving, will be required by the Company to sign a FCRA (Fair Credit Reporting Act) form, photocopy his/her driver's license and request a Motor Vehicle Report (MVR).
- 2) Upon receipt of the MVR the Company and Insurance Carrier will make a determination if the applicant is qualified to drive a company vehicle.
- 3) If the applicant is determined to be "not qualified", the associate or contractor is not eligible and will not receive a company vehicle. If the associate or contractor has already started working, the associate or contractor must return the company car immediately.
- 4) Any driver who receives a moving violation or is involved in a traffic accident must report this to the Company, associates to the Chief Financial Officer, within twenty-four (24) hours of the incident, but no later than by the end of next business day. Failure to report these incidents will be considered cause either for the Associate / Contractor becoming ineligible for a company car, as well as disciplinary action, up to and including termination of employment / contract.
- 5) The driver is responsible for notifying Company and photocopying all tickets and accident information and sending them to the PrimeSource Fleet Administrator at the corporate office within 24 hours of incident.
- 6) The company will require each driver annually to complete and sign a certification of moving violations. The company will request a MVR quarterly for each driver. Additionally, the driver shall provide the company with a current copy of their Driver's License annually and is required to update Drivers License with current address/name within 30 days of changes.

- 7) To ensure public safety, the driver’s safety, and the safe guarding our vehicles, a point system is used to determine if a driver is qualified, for example:

<i>Moving Violation</i>	<i>Points</i>
Speeding over the posted limit 0-14	10
Speeding over the posted limit 15-25	15
Speeding over the posted limit over 25	20
At fault accident (including property damage)	15

- 8) If within twelve (12) month period a driver has accumulated 26 or more points than allowed by the Company’s insurance carrier, the driver is considered “not qualified” and will be ineligible for a company vehicle.
- 9) A driver can become re-qualified when his/her point total drops within the range acceptable for insurability by the insurance carrier. In addition to the driver’s point total the PrimeSource Fleet Administrator must approve the driver as re-qualified prior to the driver receiving a company car.
- 10) If a driver is cited for DUI/DWI and/or driving under the influence of a controlled substance, the driver must immediately, or as soon as possible, report this to his/her immediate supervisor. Failure to report this could result in immediate termination for cause. The driver is considered “not qualified” until the final disposition of the case. The Company will follow the procedures under Paragraph 3 of this policy until the final disposition of the case.
- 11) If the driver is found guilty of DUI/DWI and/or a controlled substance, the driver is not qualified to drive a company vehicle.
- 12) Should the driver be found not guilty of the DUI/DWI and/or controlled substance the associate or contractor will be eligible for a company car (provided his/her point total is within the guidelines as stated in Paragraph 8 of this policy).
- 13) Any associate or contractor who uses their personal vehicle for business travel on behalf of the Company, will be reimbursed. Reimbursement will be based on the number of miles traveled and on the mileage allowance the Company sets from time to time.



- 14) The Company is not responsible for and will not pay on behalf of the driver any moving violation fines or fees. Additionally the Company will not pay for or provide an attorney to defend the driver.
- 15) Drivers are representatives of the Company and have constant contact with our customers and the public. Drivers are to maintain a professional image at all times. Drivers are always to keep their composure and be courteous while driving a company vehicle.
- 16) Drivers are expected to ensure the car is kept clean and in an acceptable condition. Vehicle maintenance (oil changes, tire rotation, tune ups, etc), is to be performed as outlined in the owners manual. Drivers are responsible to arrange for the vehicle to be serviced. Drivers who are experiencing mechanical problems with the vehicle are responsible for informing the company as soon as possible.
- 17) The associate or contractor the vehicle is assigned to is the only authorized driver of that vehicle. No other person is authorized and shall not drive a company vehicle. Associates and contractors are not to lend or let any other person use or drive the company vehicle, unless authorized by the company.
- 18) Company vehicles are to be used for PrimeSource business purposes only. Drivers are not permitted to use company vehicles for any non-PrimeSource purpose, including but not limited to, other employment, non-business trips, or other non-business purposes.
- 19) Fuel Cards are to be used only for the purchase of regular unleaded* fuel, a weekly car wash and window washer fluid for the vehicle used to conduct PrimeSource-related business. Any other auto-related charges require prior authorization. Misuse will result in the Fuel Card being restricted to fuel purchases only or the revocation of the Fuel Card.

*If vehicle used for PrimeSource company business requires a different grade of fuel, documentation and written approval by the Chief Financial Officer is required prior to purchase.

- 20) The Driver and not the company shall be responsible in the event of a theft or loss of personal property from the vehicle.
- 21) At the time car is returned to the Company the vehicle must be in an acceptable condition (specifically including the interior of the vehicle). If the car is returned in an unacceptable condition, the Driver expressly agrees to bear up to \$250.00 of the cost of returning the car to acceptable condition. The Driver's portion of this reconditioning may be deducted from any monies due and still owing to the Driver at the time the car is returned to the company. The company reserves the right to determine the acceptability condition of the car in its sole discretion.



PRIMESOURCE.
H E A L T H C A R E

Associate Acknowledgement of Receipt of the Driver Policy

My signature below will acknowledge that I have received a copy of the PrimeSource Healthcare Systems, Inc. Driver Policy, Vehicle Maintenance Policy and have received the Express Gas Card.

I understand that it is my responsibility to read, understand, and adhere to the guidelines set forth in the Drivers Policy, the Vehicle Maintenance Policy.

Print Full Name _____

Driver's License Number _____ State _____

Date of Birth _____

Signed _____

Date _____

driverspolicy00102506

PRIMESOURCE IS THE TOTALCARE DIFFERENCE™

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: _____

Title of job applied for: _____

SEX

- Male
 Female

RACE/ETHNICITY

Are you Hispanic or Latino?

- Yes
 No

If you answered "No" to "Are you Hispanic or Latino?" please indicate what race you believe yourself to be below:

- American Indian or Alaskan Native (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 White (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

VETERANS/U.S. MILITARY STATUS

- Special Disabled Veteran
1. A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or
 2. A veteran who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran
1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases; or
 2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases.
- Other Protected Veteran
1. Other protected veteran is defined as a veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

PERSONAL AND CONFIDENTIAL