



APPLICATION FOR EMPLOYMENT



AMET Packaging, Inc.'s policy requires all applicants to submit to and successfully pass a drug screening and pre-employment background check prior to reporting to work.

AMET Packaging, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position Applied for:		Date of Application:	
How did you learn about us?			
		Job Site Posting (please name):	
		Employment Agency	
		Friend	
		Relative	
		Walk-in	
		Other:	
Last Name		First Name	Middle Initial
Address	Street	City	State
			Zip Code
Telephone Number (s)		Email address	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes [] No []

Have you ever filed an application with us before? Yes [] No []
If yes, Date: _____

Have you ever been employed with us before? Yes [] No []
If yes, Date: _____

Are you currently employed? Yes [] No []

May we contact your present employer? Yes [] No []

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes [] No []
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available for: Full-time Part-time Shift-work Temporary

Are you currently on "lay-off" status and subject to recall? Yes [] No []

Can you travel if the job requires it? Yes [] No []

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other or Certificates				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

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

Describe any job-related training in the United States military

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates of Employment		Worked Performed
		From	To	
	Address			
	Telephone Number		Hourly Rate/Salary	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates of Employment		Worked Performed
		From	To	
	Address			
	Telephone Number		Hourly Rate/Salary	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates of Employment		Worked Performed
		From	To	
	Address			
	Telephone Number		Hourly Rate/Salary	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates of Employment		Worked Performed
		From	To	
	Address			
	Telephone Number		Hourly Rate/Salary	
	Job Title	Supervisor		
	Reason for Leaving			

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

Additional Information

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

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

	Keyboard		Microsoft Word	Production/Mobile Machinery	Other (list)
	PC		Microsoft Excel		
	Calculator		Microsoft Outlook		
	Fax		ERP System		
	Copy machine		CRM System		
	Scanner		Specialty Software		

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

Professional References (may not be a relative)

1	Name	Telephone Number
	Address	City, State & Zip Code
2	Name	Telephone Number
	Address	City, State & Zip Code
3	Name	Telephone Number
	Address	City, State & Zip Code

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- 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 Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange for Interview Yes No

Remarks _____

Interview Date: _____ Interviewer _____

Employed Yes No

Date of Employment _____ Job Title _____

Hourly Rate/Salary _____ Department _____

By: _____

Name and Title

Date

For Personnel Department Use Only

Position(s) Applied for is Open Yes No

Position(s) Considered for _____

Date: _____

Notes

Release of Employment Information

I am authorizing your company, its employees and representatives to provide any pertinent information they think appropriate, either verbally or in writing, including any information about my employment, job performance, and related matters to any officer or Human Resources employee of E-PAK Machinery, Inc.

In addition to authorizing the release of any information concerning my employment, I hereby fully waive any rights or claims I have or may have against your company, its agents, employees and representatives.

I release E-PAK Machinery, Inc. and its agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

Applicant's Signature

Date

Printed Name

DRUG/ALCOHOL TESTING CONSENT FORM

I understand that Change Parts, Inc., Oden Machinery, Inc. and E-PAK Machinery, Inc. require drug testing as a part of their selection and hiring process for all applicants selected for employment. I understand that such drug testing will consist of the collection of my urine, breath, and/or blood for analysis. I further understand that positive test results may disqualify me from further consideration. I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis.

I authorize the testing facility to release the drug testing results to my potential employer or current employer.

I understand that if at any time I refuse to submit to a drug or alcohol test or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or I may be subject to immediate termination.

Applicant Signature

Date

Printed Name