



ACTION PACKAGING
Providing Innovative Packaging Solutions

APPLICATION FOR EMPLOYMENT

Action Packaging, LLC is an equal opportunity employer and complies with all applicable local, state and federal laws.

Date: _____ Position: _____

PERSONAL DATA

Name _____
last name first name middle initial

Address _____
Street city state zip

Home phone () _____ Cell / Other () _____

Email _____ Are you applying for? Full Time Part Time

Will work overtime if needed? Yes No Salary Desired? \$ _____ per _____

Check Shifts Available: 1st (5:00 AM – 1:30 PM) 2nd (9:00 PM – 5:30 AM)

Are you under age 18? Yes No

If hired, can you provide proof of identity and proof of authorization to work in the United States? Yes No

Have you worked at Action Packaging previously? Yes No
 If yes, as a Temporary Action Packaging Employee
 Dates: _____

Do you have any relatives employed by Action Packaging? Yes No
 If yes, please name: _____

Have you ever been convicted of (or pled guilty or no contest to) a violation of law other than a minor traffic violation? Yes No
 NOTE: a yes answer will not necessarily disqualify you from employment.

Can you perform the essential job functions of the position for which you have applied, either with or without reasonable accommodation? Yes No
 If you will require an accommodation, please specify: _____

How did you learn about Action Packaging?

advertisement temp agency / unemployment office actionpackaging.com
 college / university professional organization internet website
 employee referral (name) _____

EMPLOYMENT DATA

List below all present and past employment starting with your most recent employer. Please explain any gaps in employment. You must complete this section even if attaching a resume. The information you provide will be verified as part of our employment process. If necessary, attach additional sheet(s) to provide a minimum of 10 years of work.

Employer Name & Address	Phone () Ext. Supervisors Name:
Type of Business:	Dates of Employment: From: _____ To: _____ Pay: _____ Per: _____
Position Title:	
Job Duties (be specific):	
Reason for leaving?	Additional Compensation:
May we contact this employer for a reference? <input type="radio"/> Yes <input type="radio"/> No	
Employer Name & Address	Phone () Ext. Supervisors Name:
Type of Business:	Dates of Employment: From: _____ To: _____ Pay: _____ Per: _____
Position Title:	
Job Duties (be specific):	
Reason for leaving?	Additional Compensation:
May we contact this employer for a reference? <input type="radio"/> Yes <input type="radio"/> No	
Employer Name & Address	Phone () Ext. Supervisors Name:
Type of Business:	Dates of Employment: From: _____ To: _____ Pay: _____ Per: _____
Position Title:	
Job Duties (be specific):	
Reason for leaving?	Additional Compensation:
May we contact this employer for a reference? <input type="radio"/> Yes <input type="radio"/> No	
Employer Name & Address	Phone () Ext. Supervisors Name:
Type of Business:	Dates of Employment: From: _____ To: _____ Pay: _____ Per: _____
Position Title:	
Job Duties (be specific):	
Reason for leaving?	Additional Compensation:
May we contact this employer for a reference? <input type="radio"/> Yes <input type="radio"/> No	

US MILITARY STATUS

Have you served active duty in the US Armed Forces, or in the last two years, worked for the US Government as a civilian or military employee? ○Yes ○No If yes, complete the following:

Branch of service or government: _____ Rank: _____ Title: _____ Dates: _____
 Special military experience, duties, training courses attended: _____

Are you now a member of any military reserve organization? ○Yes ○No
 If yes, please check: ○Active ○Inactive

EDUCATION DATA

School Attended	City	State	Course or Major	Did you Graduate?	Degree / diploma / Certificate

ADMINISTRATIVE SKILLS

List software applications, office equipment and skills:

MANUFACTURING / CORRUGATION SKILLS

Describe mechanical / corrugation background that may be related to the position for which you have applied:

List machines you operate, specify position and length of time on each machine:

Check which tools you can use:

- micrometers ○ tape measures ○ calipers ○ schematics

PROFESSIONAL REFERENCES

List four people, preferably past supervisors, who can tell us about your qualifications. Do not include relatives.

Name	Business Name	City, State	Relationship	Occupation	Phone #	Yrs. Known

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED AND ALL STATEMENTS BELOW ARE READ AND INITIALED.

Initial: _____ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in refusal or separation from employment.

Initial: _____ I agree to sign an agreement concerning confidential information and inventions.

Initial: _____ I agree to submit to a medical examination including a drug and alcohol test. I understand any offer of employment will be conditioned upon acceptable results.

Initial: _____ This waiver does NOT permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws.

Initial: _____ I understand I will be employed "at will," meaning either Action Packaging or I am free to terminate or change the employment relationship at any time with or without prior notice or cause. This "at-will" employment relationship can only be modified by an express written employment agreement signed by me and the Owner of Action Packaging.

Initial: _____ I will authorize action Packaging to obtain consumer reports, consumer credit reports and/or investigative consumer reports about me, including a criminal records search and education and employment verifications, in connection with this application or during my employment if hired. I fully release Action Packaging and all other employers, persons, corporations, partnerships and associations from all liabilities related to those investigations or disclosures.

Signature

Date



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Application for Employment Disclosure Form

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will request information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me from the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above-mentioned information.

Print Full Name: _____

Social Security Number: _____

Date of Birth*: _____

Current Address: _____

City / State / Zip Code: _____

Drivers' License Number / State of Issuance: _____

Applicant's Signature: _____ Date: _____

Prospective Employer: Action Packaging, LLC

* Date of birth is requested to obtain accurate retrieval of records.