



# ARVCO CONTAINER CORPORATION

CORPORATE HEADQUARTERS  
845 Gibson Street • Kalamazoo, MI 49001  
Phone: (269) 381-0900 • Fax: (269) 381-2919  
www.arvco.com

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

Arvco Container Corporation is an Equal Opportunity Employer. It is the policy of this Company to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

Read and answer all questions carefully and completely. Feel free to attach your resume; however, in order that we may better understand your qualifications all sections **must** be completed to assure you the fullest consideration.

**All information will be kept strictly confidential. You must read and sign the back page.**

This application will remain active for 60 days. If you do not hear from us within 60 days and still wish to be considered for employment, you will need to reapply.

### PERSONAL INFORMATION

Date of Application: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you over the age of 18 years?  Yes  No

If under 18, indicate work permit no.: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

**NOTE:** If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity within three (3) working days of employment.

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

Are there any felony charges pending against you?  Yes  No

NOTE: A "Yes" answer to the above questions will not automatically disqualify you.

Do you know of any reason why you could not perform the duties of the position for which you have applied for an indefinite period?  Yes  No

If yes, please explain. \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Sought (please be specific): \_\_\_\_\_

Date you can start: \_\_\_\_\_

Rate Desired: \_\_\_\_\_

Which shift do you prefer?  1st  2nd  3rd  Any

Which type of employment do you prefer?  Full-Time  Part-Time  Seasonal  Any  Other (Please specify): \_\_\_\_\_

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Separation: \_\_\_\_\_

Have you ever applied to this company before?  Yes  No If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever applied at or worked for this company under a different name?  Yes  No If yes, what name? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Name of the agency, newspaper, employee, etc. \_\_\_\_\_

List the name(s) of and relationship(s) to any relatives which may be employed by this company. \_\_\_\_\_

**EMPLOYMENT HISTORY** (List all employment beginning with most recent employment. **Account for all periods.** Attach additional sheets if necessary.)

**1** If currently employed, may we contact your employer?  Yes  No

Name of contact:

Phone:

Employer:

Address:

Phone:

Supervisor:

Period of Employment (Month and Year):

From:

To:

Pay Rate/Salary

Starting:

Ending:

Last Position Held:

Reason for Separation:

Briefly describe job duties:

**2** Employer:

Address:

Phone:

Supervisor:

Period of Employment (Month and Year):

From:

To:

Pay Rate/Salary

Starting:

Ending:

Last Position Held:

Reason for Separation:

Briefly describe job duties:

**3** Employer:

Address:

Phone:

Supervisor:

Period of Employment (Month and Year):

From:

To:

Pay Rate/Salary

Starting:

Ending:

Last Position Held:

Reason for Separation:

Briefly describe job duties:

**4** Employer:

Address:

Phone:

Supervisor:

Period of Employment (Month and Year):

From:

To:

Pay Rate/Salary

Starting:

Ending:

Last Position Held:

Reason for Separation:

Briefly describe job duties:

**5** Employer:

Address:

Phone:

Supervisor:

Period of Employment (Month and Year):

From:

To:

Pay Rate/Salary

Starting:

Ending:

Last Position Held:

Reason for Separation:

Briefly describe job duties:

**MILITARY**

Branch of United States Armed Forces:

Rank at Discharge:

Date Entered:

Date Discharged:

Present Membership in National Guard or Reserves:

Obligation Ends:

Special Training Received:

Current Military Status:

**REFERENCES (Give the names of a least three persons not related to you, preferably employment related.)**

Name:

Company:

Address:

Phone:

Years Known:

Name:

Company:

Address:

Phone:

Years Known:

Name:

Company:

Address:

Phone:

Years Known:

Name:

Company:

Address:

Phone:

Years Known:

**EDUCATION (Give the name and location of all academic institutions.)**Do you have a high school diploma or GED?  Yes  No Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School:

Address:

GED:

State:

College:

Address:

Subjects Studied/Major:

Number of Years Attended:

Degree:

Have you graduated?  Yes  No Are you currently enrolled and attending classes?  Yes  No % Completed: \_\_\_\_\_

Trade, Business, or Other School (Please specify):

Address:

Subjects Studied:

Number of Years Attended:

Degree:

Have you graduated?  Yes  No Are you currently enrolled and attending classes?  Yes  No % Completed: \_\_\_\_\_

Describe any academic honors, scholarships, or other special achievements:

Special training, experience, equipment operation or qualifications:

**CERTIFICATION AND AGREEMENT** (Before signing, please read completely and carefully as the provisions below constitute conditions for the acceptance of your application and for any employment you might be offered.)

- I. **TIMELY FILING OF COMPLAINTS:** I understand that in accordance with current Michigan and Federal laws and court rulings I have no more than eighteen (18) months from the original date of any action or concern to file a legal complaint with a representative agency. Failure to file in a timely manner may render any and all complaints invalid. I also understand that if I desire additional information or assistance related to resolution of a complaint or concern assistance is available through ARVCO Containers Corporation's Human Resource Department and readily available upon request.
- II. **APPLIES ONLY TO CORRUGATED PRODUCTION EMPLOYEES AT THE 351 ROCHESTER PLANT:** I understand and agree that the first sixty (60) calendar days (unless extended by the employer) of any employment I may receive as the result of submitting this application is considered a training period and is at the will of the employer, and that I may be discharged by the employer at any time during this period, for any reason, or for no reason and with or without notice. Thereafter, I become a regular associate subject to the "discipline/discharge for cause" policy for hourly production associates. The company shall have discretion to determine in good faith whether "cause" for discipline or discharge exists in any given situation.
- III. **APPLIES TO ALL OTHER EMPLOYEES INCLUDING EMPLOYEES OF THE SPECIALTY PACKAGING DIVISION AT THE 148 PARKWAY PLANT:** I understand and agree that any employment I may receive as the result of submitting this application is at the will of the employer and for an indefinite period, and that I may be discharged by the employer at any time during the course of such employment, for any reason, or for no reason – and with or without notice.

**THE FOLLOWING SECTIONS IV THROUGH X APPLY TO ALL EMPLOYEES REGARDLESS OF LOCATION OR POSITION:**

- IV. I understand that no Company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment on terms different from that stated in sections I, II and III above or to make any agreement contrary to the foregoing.
- V. Although management makes every effort to accommodate individual preferences, business needs make the following conditions **mandatory** : overtime, shift assignments, and/or rotating work schedules other than Monday through Friday. I understand and accept these as conditions of my employment with the Company.
- VI. In consideration of my employment, I agree to conform to the rules and regulations of the Company without exception.
- VII. I understand and agree that any offer of employment I receive is contingent upon the results of any background checks and/or medical reviews.
- VIII. Arvco Container regards drug abuse as a serious problem and maintains a drug-free work environment. If I accept a job offer, I will be tested for current substance abuse during the pre-placement health evaluation. In addition, as a safeguard to my health and the health of fellow employees, I will submit to such physical examinations, Medical Surveillance Programs and tests for substance abuse during the course of employment as the Company may deem reasonable. All tests, programs, and examinations are a condition of employment.
- IX. I understand that I may be discharged at the employer's sole and complete discretion for any evidence of the illegal or inappropriate use by me of controlled substances, and that at any time I am subject to testing at the employer's request to determine whether I have illegally used controlled substances.
- X. I certify that all the information contained in this application is true and complete. I understand that if any false information, misrepresentations, or omissions are discovered, my application may be rejected and if I am employed I may be consequently terminated at the employer's sole and complete discretion, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations. I authorize the Company to investigate all statements contained in this application, including records of any former employer, academic institutions, doctors, hospitals, police departments, and other services concerning me, and authorize and instruct such sources (and the Company hereafter) to release such information without liability for doing so. I waive any further notice of the release of such records as may be required by any state or federal law.)

**I have read and understand the above application including paragraphs I through X and agree to the same as conditions of my submitting this application for your consideration.**

Signature:

Date:

*Thank you for taking the time to complete this application and for your interest in Arvco Container Corporation.*