

EMPLOYMENT APPLICATION



Michelsen
packaging company

202 N. 2ND AVE & 922 N. 1ST AVE
YAKIMA, WA 98902

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

The company will not hire relatives of current employees, examples include spouses, parents, siblings, grandparents, children, aunts, uncles, nieces, nephews, in-laws, or domestic partners (a person whom the employee's life is interdependent on and who shares a common residence).

For accommodation requests to complete the application, please contact HR@mpcyak.com or call (509) 248-6270

INSTRUCTIONS TO APPLICANT

PRINT CLEARLY - Fill in all blanks & provide all information requested. If the answer to any question is "No" or "None," do not leave the item blank, write "No", "None" or N/A.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

EMPLOYMENT INFORMATION

Position applying for: _____

_____ Full Time OR _____ Part Time? Expected pay: _____ Date you can start work? _____

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodation? Yes ☐ No ☐

GENERAL INFORMATION

Are you related to anyone employed by our company? Yes ☐ No ☐ If yes, who: _____

Have you ever filed an application with us before? Yes ☐ No ☐ If yes, when: _____

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

EDUCATION

High School Degree / GED: Yes ☐ No ☐

College Experience: Yes ☐ No ☐ If yes, where: _____

Apprentice or Trade School Training: Yes ☐ No ☐ If yes, where: _____

Armed Forces or other training: Yes ☐ No ☐ If yes, what branch: _____

EMPLOYMENT AUTHORIZATION

If hired, will you be able to provide evidence of your identity and eligibility to work in the United States? Yes ☐ No ☐

EMPLOYMENT HISTORY

Please provide information on last three (3) employers.

Present or last employer: _____ Phone: _____
Address: _____ City: _____ State: _____
From: _____ To: _____ Supervisor _____
Describe your job: _____
Reason for leaving: _____ May we contact? Yes ☐ No ☐

Next previous employer: _____ Phone: _____
Address: _____ City: _____ State: _____
From: _____ To: _____ Supervisor _____
Describe your job: _____
Reason for leaving: _____ May we contact? Yes ☐ No ☐

Next previous employer: _____ Phone: _____
Address: _____ City: _____ State: _____
From: _____ To: _____ Supervisor _____
Describe your job: _____
Reason for leaving: _____ May we contact? Yes ☐ No ☐

List any special skills or training (foreign languages spoken, special machines/vehicles operated; i.e. forklift, truck, special licenses, etc.) _____

PROFESSIONAL REFERENCES

List three persons for reference, other than relatives, who have knowledge of your working relationship and safety habits:

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire me or for termination of my employment. I authorize any of the persons or organizations identified by me in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. I authorize you to request, receive, and verify all information given in this application.

In consideration for my employment by your company, I agree to conform to the rules and regulations of the company set forth in the company's employee and/or driver handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I acknowledge that, if I am employed by the employer, my employment will be at-will, and may be terminated at any time, by the employer or by me, with or without cause.

Date _____ Applicant's Signature _____



**CONSENT FORM FOR DRUG/ALCOHOL SCREENING,
CRIMINAL HISTORY BACKGROUND CHECK
& EMPLOYMENT VERIFICATION**

I understand that passing a drug/alcohol urinalysis is a condition of employment at Michelsen Packaging Company and its subsidiaries, and that if I refuse to take the test or test positive for one or more of the substances being tested for, the offer of employment may be rescinded.

If I am hired to work at Michelsen Packaging or a subsidiary before the results of the testing are received by the Company, I understand that if the test results are positive, I will be terminated immediately.

I understand that Michelsen Packaging Company may conduct a nationwide criminal background check and any negative information appearing in the report may adversely impact the offer of employment and it may be rescinded.

I understand that if I choose not to sign this form, I may be excluded from employment with Michelsen Packaging Company.

I give my consent for the release of the test results and other medical information to Michelsen Packaging Company management for appropriate review.

Printed Name: _____

Signature: _____ Date: _____