

202 NORTH 2ND AVENUE, YAKIMA, WASHINGTON 98902 (509) 248-6270 FAX 457-8062

JOB DESCRIPTION PRODUCT HANDLER Jiffy Department (Main Plant)

Position Reports To: Team Supervisor

Department: Jiffy **Non-exempt**

Date: May 17, 2024

GENERAL SUMMARY

Primary responsibility is to assist with handling of finished or raw product and to assist in other areas as required.

MAJOR FUNCTIONS

Responsible for collecting finished product at end of production line to include visual inspection of quality of product; removal of poor-quality product; proper strapping and palletizing; preparation for storage.

Assist with inventory, inventory records, and movement of various production supplies and other duties as assigned.

Assist with maintenance and clean up of machines, equipment, and facilities as required.

Ensure company safety program is adhered to and that good housekeeping practices are used consistently.

Must follow ALL SQF (Safe Quality Foods) practices. For example, No food or drink (only company issued water bottle) on production floor. No jewelry; including piercings on facial area. Practice good hygiene and hand washing continually throughout the day.

JOB SPECIFICATIONS

Required:

Valid Driver's license.

Education:

High school diploma or GED preferred to provide necessary communication and record keeping skills.

Experience:

Prior experience working in a production environment preferred. Previous forklift experience preferred.

Skills & Abilities:

Must be able to work with different people and learn to make quick decisions. Must be able to read and understand manuals, printed and written instructions, and production records. Must be MOTIVATED as this is a fast-paced job.

Contact With Others:

Direct contact with other shift employees and maintenance personnel. Coordination with other shift employees regarding continuity of the flow of finished product to storage area. Must be able to get along with a diverse group of people.

Supervision Received:

Work under direction of the Shift Supervisor and/or Machine Operator, or his or her substitute. Must be able to work independently.

Pressure of Work:

Must be able to respond to requests for help in any area of the operation to ensure efficient and continuous operation of machinery to meet production and quality goals, schedules, and deadlines. Must maintain a safe work environment.

Impact:

Quality of finished product directly impacts customer satisfaction. Failure in any area of responsibility can delay production, affect the quality of product, and negatively impact customer service and revenue.

Scope:

Must use good judgment to maintain standards of quality continually. Requires constant awareness of overall operation.

Working Conditions:

Must be able to: Work a10 to 12 hour shift. Work in an industrial environment with moderate to extreme temperature fluctuations that can cause some discomfort. Use ladders, elevated walkways, etc., to access machinery and facility structures as needed. Reach, crawl, kneel, etc., and move various components of the machinery and facility to effect repairs and general maintenance. Move raw material, finished product and supplies, etc. with or without assistance up to 50 pounds. Requires occasional operation of forklift. Must have a valid driver's license.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties and skills required.



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; which includes spouses, parents, grandparents, children, brothers, sisters, aunts, uncles, nieces, nephews, or in-laws.

A valid Driver's License is required as a condition of employment with Michelsen Packaging Company.

Name:	Date:			
Address:				
Street	City	State	Zip	
Telephone:	Message	#:		
Position applying for:				
EMPLOYMENT INFORM	ATION			
Are you related to anyone in our en	mploy? Yes No	If yes, describe:_		
If you are under 18 years of age, ca	an you provide required pro	oof of your eligibi	lity to work?	Yes No
Have you ever filed an application	with us before?Yes	No If yes,	when:	
Have you ever been employed with	n us before?YesNo	If yes, give date	es:	
Are you currently employed?Y	es No May we cor	ntact your present	employer?Ye	es No
Date you can start work?	Are you look	ting forFull	Γime orPart Ti	ime?
Are you currently on "lay-off" stat	us and subject to recall? _	Yes No	Expected pay:	
Are you a "preferred" worker?	Yes No			
CITIZENSHIP Will you be able to provide proof of country if hired?Yes No	of U.S. citizenship or an ali	ien registration nu	mber and a visa per	mitting work in th
EDUCATION High School / Degree Yes _	NoGED			
College Experience				
Apprentice or Trade School Traini	ng			
Armed Forces or other training:				

EMPLOYMENT HISTORY

Please provide information on last three employers. **Drivers must provide 10 year** employment history - please use additional sheet if necessary to provide the required driver employment information.

Present or last employer:	
Phone:Wage	
Address:	
Address: From: To:	
Supervisor	
Describe your	
job:	
Reason for	
leaving:	
Next previous employer:	Phone:
Wage	
Address:	
From:To:	
Supervisor	
Describe your	
job:	
Reason for	
leaving:	
Novt provious amployers	Dhonoi
Next previous employer:	FIIOHE
Wage	
Address:	
From: To:	
Supervisor	
Describe your	
job:	
Reason for	
leaving:	
Next previous employer:	Phone:
Wage	
Address:	
From: To:	
Supervisor	
Describe your	
job:	
Reason for	
leaving:	

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

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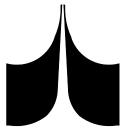
I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire me or for termination of my employment. I authorize any of the persons or organizations identified by me in this application 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	

^{*} Applications will be kept on file for one year. They are active for thirty days and must be renewed thereafter.



MICHELSEN PACKAGING COMPANY

CONSENT FORM FOR A DRUG/ALCOHOL SCREENING, WASHINGTON STATE CRIMINAL HISTORY BACKGROUND CHECK & EMPLOYMENT VERIFICATION THROUGH E-VERIFY

I understand that passing a drug/alcohol urinalysis is a condition of employment at Michelsen Packaging 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 will be rescinded.

I understand that a "negative dilute" sample will be considered a positive result. A "dilute" urine sample will occur when water is added to the urine sample directly, or the person being tested consumes a significant quantity of liquid prior to the test.

If I am allowed 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 is positive, or considered positive, I will be terminated at once.

I understand that Michelsen Packaging Company may conduct an InstaCriminal Nationwide Background Check and any negative information appearing on the report may adversely impact the decision to offer myself employment. I understand that if I choose not to sign this form, I will be excluded from employment with Michelsen Packaging Company.

I understand that if I am offered a position with Michelsen Packaging Company, they will provide the SSA and DSHS with information contained on my I-9 form to confirm work authorization through

E-Verify; however they will not use E-Verify to screen my application.

I give my consent for the release of the test results and other medical information to

Signature:	Date:
Date of Birth:	

authorized Michelsen Packaging Company Management for appropriate review.