



# Coastal CONTAINER

## EMPLOYMENT APPLICATION

### An Equal Opportunity Employer

It is the policy of Coastal Container to afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, gender, marital status, height, weight, qualifying disability, veteran status or other protected characteristic.

NAME (Last, First, Middle Initial) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

### INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Ask for an extra piece of paper if you need to clarify or complete any responses. Your application will become inactive after 30 days unless you inform our HR Department, in writing, and prior to the expiration of the 30-day period, that you want your application to remain active for an additional 30 days. Before you complete and sign this application, please ask the HR Department any questions that you may have. If you need a reasonable accommodation in order to complete this application form, please notify the HR Department.

### POSITION FOR WHICH YOU ARE APPLYING

POSITION (USE SPECIFIC TITLE) \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? \_\_\_\_\_ ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

ARE YOU SUBJECT TO RECALL AT ANOTHER JOB? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

ARE YOU SUBJECT TO ANY NON-COMPETE AGREEMENTS OR OTHER LIMITATIONS ON YOUR RIGHT TO WORK FOR COASTAL? \_\_\_\_\_

IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS FACILITY BEFORE? \_\_\_\_\_ IF SO, FOR WHAT POSITION? \_\_\_\_\_

WHEN? \_\_\_\_\_ WAGE EXPECTED? \_\_\_\_\_ ARE YOU RELATED TO OR KNOW ANYONE WHO CURRENTLY WORKS FOR THE

COMPANY? \_\_\_\_\_ IF YES, PLEASE NAME THE INDIVIDUAL(S) \_\_\_\_\_

### EDUCATION HISTORY

Name and Location	Course of Study	Years Completed	Graduate? Yes No	Diploma or Degree	GPA
HIGH SCHOOL _____					
COLLEGE _____					
OTHER _____					

OTHER FORMAL EDUCATION OR EXPERIENCE THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

ARE YOU AT LEAST 18 YEARS OLD? \_\_\_\_\_ DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.? \_\_\_\_\_

HAVE YOU WORKED UNDER A DIFFERENT NAME? \_\_\_\_\_ IF YES, PROVIDE EACH DIFFERENT NAME: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ IF YES, STATE THE CRIME(S) \_\_\_\_\_

ARE ANY FELONY CHARGES CURRENTLY PENDING AGAINST YOU? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN DENIED BONDING? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

WHAT OTHER EMPLOYMENT OR "SIDELINE" BUSINESS DO YOU HAVE? \_\_\_\_\_

**PERSONAL REFERENCES** (Provide Names, Addresses and Telephone Numbers)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT HISTORY**

(List below past and present employment, starting with most recent. Include employment with U.S. military service.)

1. NAME AND ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON(S) FOR LEAVING \_\_\_\_\_
2. NAME AND ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON(S) FOR LEAVING \_\_\_\_\_
3. NAME AND ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON(S) FOR LEAVING \_\_\_\_\_
4. NAME AND ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON(S) FOR LEAVING \_\_\_\_\_
5. NAME AND ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ LAST SALARY/WAGE \_\_\_\_\_  
DESCRIPTION OF DUTIES \_\_\_\_\_  
SUPERVISOR'S NAME(S) \_\_\_\_\_ DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
REASON(S) FOR LEAVING \_\_\_\_\_

**APPLICANT STATEMENT**

**(You Must Date and Sign This Applicant Statement To Be Considered For Employment)**

**AFFIRMATION.** I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

**AUTHORIZATION.** I authorize Coastal Container to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

**EXAMINATIONS.** Should I receive a conditional offer of employment, I agree to submit to any a physical, medical and/or psychological examination. I further authorize any physician, counselor or other treater conducting such examinations to release to and discuss with Coastal Container the results of such examinations.

**ACCOMMODATIONS.** I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Coastal Container to attempt to make a reasonable accommodation for it. I must make my request in writing to the HR Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

**DRUG/ALCOHOL TESTS.** I give my consent for Coastal Container, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with Coastal Container the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with Coastal Container's substance abuse policy is a condition of my employment.

**AT-WILL EMPLOYMENT.** I understand that all employees of Coastal Container are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the President of the Coastal Container has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President.

**RELEASE.** I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, Coastal Container and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

**CRIMINAL/CREDIT HISTORY.** In addition, depending on the position for which I am applying, I understand that Coastal Container may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

**WAIVER OF LIMITATIONS PERIODS.** In exchange for Coastal Container considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit (unless the applicable statute of limitations is shorter than six (6) months, in which case the shorter period of limitations will apply). **I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

**I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT SIGNATURE**