



Great Lakes Packing Company

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APPLICATION FOR SEASONAL/TEMPORARY EMPLOYMENT

Great Lakes Packing is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

DATE OF APPLICATION: _____

PRINT FULL NAME: _____ PHONE: (____) _____ - _____

PRESENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS*: _____ CITY: _____ STATE: _____ ZIP: _____

(This is where your W-2 will be sent by January 31st)

WHERE APPROPRIATE, CIRCLE YOUR ANSWER

ARE YOU: 1) 16 YEARS OR OLDER? **Y / N** 2) 18 YEARS OR OLDER? **Y / N**

HIGHEST LEVEL OF EDUCATION ATTAINED: GRAMMAR SCHOOL _____ HIGH SCHOOL _____ COLLEGE _____

GRADUATED: **Y / N** NUMBER OF YEARS ATTENDED: _____ DEGREE _____

TOP THREE POSITIONS APPLYING FOR: 1) _____
2) _____
3) _____

SHIFT PREFERRED: **EITHER / DAY / NIGHT** ARE YOU WILLING TO WORK WEEKENDS? **Y / N**

DO YOU HAVE EQUIPMENT OPERATING EXPERIENCE, INCLUDING FORKLIFT? **Y / N**

EQUIPMENT USED _____ LENGTH OF TIME _____

EMPLOYER & SUPERVISOR _____

DO YOU HAVE ANY SPECIAL SKILLS, TALENTS OR TRAINING THAT WOULD HELP US TO PLACE YOU IN A PARTICULAR JOB (i.e. previous factory experience, computer skills, etc.)? _____

IF HIRED, WHEN WOULD YOU BE ABLE TO START WORK? ____/____/20 ____ UNTIL WHAT DATE: ____/____/20 ____

WERE YOU PREVIOUSLY EMPLOYED AT GREAT LAKES PACKING? **Y / N** IF YES, WHAT YEAR? _____

ARE YOU CURRENTLY EMPLOYED? **Y / N** IF YES, PLEASE INDICATE CURRENT EMPLOYER:
COMPANY NAME _____ ADDRESS _____ TELEPHONE _____
_____(____)_____-_____

PREVIOUS EMPLOYERS OR REFERENCES:

DATES OF EMPLOYMENT	COMPANY NAME	ADDRESS	TELEPHONE	REASON FOR LEAVING
____ TO ____	_____	_____	(____)_____-_____	_____
____ TO ____	_____	_____	(____)_____-_____	_____

The relationship between you and Great Lakes Packing is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Great Lakes Packing. No representative of Great Lakes Packing has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your "at will" employment status, except for a written statement signed by you and either our Plant Manager or the Company President.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

APPLICANT SIGNATURE: _____ DATE: _____
(see back for I-9 documentation requirements when hired)