Great Lakes Packing Company

6556 Quarterline Road, Kewadin, MI 49648
Telephone: (231) 264.5561 / Fax: (231) 264.5594
Email: jobs@greatlakespacking.com

835 S. Griswold, Hart, MI 49420
Telephone: (231) 873.7021 / Fax: (231) 873.8952
www.greatlakespacking.com

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. If reasonable accommodation is needed in the application process, please contact a company representative.

DATE OF APPLICATION: _____

PRINT FULL NAME: _____ PHONE: (___)____-_____ E-MAIL:_____

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

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

***where your W-2 will be sent by January 31st**

WHERE POSSIBLE, 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) _____ **PLANT LOCATION:** Hart / Kewadin

2) _____

3) _____

SHIFT PREFERRED: **DAY / NIGHT / EITHER** 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 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_____

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

ARE YOU CURRENTLY EMPLOYED? **Y / N**

CURRENT EMPLOYER NAME : ADDRESS: TELEPHONE:

_____ (_____) _____- _____

PREVIOUS EMPLOYERS OR REFERENCES:

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

(see back for I-9 documentation requirements when hired)

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: _____