



**CADILLAC PRODUCTS PACKAGING COMPANY
CORPORATE OFFICE
5800 CROOKS RD, STE 200
TROY, MICHIGAN 48098**

DATE (mm/dd/yyyy) _____

APPLICATION FOR EMPLOYMENT

Digital Application

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

ARE YOU 18 OR OLDER? NO YES ARE YOU AUTHORIZED TO WORK IN THE U.S.? NO YES

DO YOU HAVE ANY SIDELINE BUSINESS INTERESTS? NO YES EXPLAIN _____

DO YOU HAVE A RELIABLE MODE OF TRANSPORTATION TO AND FROM WORK? NO YES

KIND OF WORK DESIRED? _____ WAGES EXPECTED? _____

PREVIOUSLY EMPLOYED HERE? NO YES FROM: _____ TO: _____ DEPARTMENT: _____

HAVE YOU FILED AN APPLICATION HERE BEFORE? NO YES IF YES, DATE(S)? _____

DO YOU HAVE ANY RELATIVES OR FRIENDS WORKING HERE? NO YES

IDENTIFY: _____

EDUCATION	SCHOOL NAME AND LOCATION	NO. OF YEARS	COURSE OF STUDY GENERAL - SPECIAL	DID YOU GRADUATE?
HIGH SCHOOL				<input type="checkbox"/> NO* <input type="checkbox"/> YES
COLLEGE OR UNIVERSITY				<input type="checkbox"/> NO <input type="checkbox"/> YES
GRADUATE SCHOOL				<input type="checkbox"/> NO <input type="checkbox"/> YES
OTHER SCHOOL				<input type="checkbox"/> NO <input type="checkbox"/> YES

*IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, HAVE YOU EARNED A GENERAL EDUCATION DIPLOMA (GED)? NO YES

IF PRESENTLY EMPLOYED, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? NO YES

HAVE YOU EVER BEEN DISCHARGED OR RESIGNED EMPLOYMENT IN LIEU OF DISCHARGE? NO YES

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE U.S. ARMED FORCES? NO YES RANK AND BRANCH OF SERVICE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER: We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

DATES OF EMPLOYMENT	EMPLOYER NAME AND ADDRESS	POSITION	WAGES	REASON FOR LEAVING	SUPERVISOR NAME AND PHONE NO.
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					

May we call your current or previous supervisor(s) for a reference? NO YES
 Please indicate those persons we may call by placing a check (✓) next to his/her name in the boxes above.

OTHER BUSINESS REFERENCES: (Do not include relatives or former employers.)

NAME	PLACE OF EMPLOYMENT	PHONE NUMBER	TYPE OF REFERENCE (BUSINESS, OTHER)	YEARS ACQUAINTED

NOTE: THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT OBLIGATE THE COMPANY TO HIRE ANYONE. I CERTIFY THAT THE ANSWERS THAT APPEAR ON THIS APPLICATION ARE COMPLETE AND TRUE. I, THE UNDERSIGNED, HEREBY AUTHORIZE AND REQUEST ANY PRESENT OR FORMER EMPLOYER, EDUCATIONAL INSTITUTION, LAW ENFORCEMENT AGENCY, MILITARY AGENCY, FINANCIAL INSTITUTION, INSURANCE PROVIDER OR OTHER PERSONS OR ENTITIES HAVING PERSONAL KNOWLEDGE OF ME TO FURNISH CADILLAC PRODUCTS PACKAGING COMPANY AND/OR ITS AGENTS WITH ANY AND ALL INFORMATION IN THEIR POSSESSION REGARDING ME IN CONNECTION WITH AN APPLICATION FOR OR RETENTION OF EMPLOYMENT. I WAIVE ANY RIGHT UNDER STATE OR FEDERAL LAW TO RECEIVE WRITTEN NOTICE FROM CADILLAC PRODUCTS PACKAGING COMPANY, FORMER EMPLOYERS AND/OR ANY OTHER SOURCES THAT SUCH INFORMATION, INCLUDING RECORDS OF DISCIPLINARY ACTION, HAS BEEN RELEASED. FURTHER, I HEREBY RELEASE FROM LIABILITY AND HOLD HARMLESS ALL PERSONS, CORPORATIONS OR OTHER ENTITIES SUPPLYING THIS INFORMATION TO CADILLAC PRODUCTS PACKAGING COMPANY AND/OR ITS AGENTS. A PHOTOCOPY OF THIS AUTHORIZATION IS AS EFFECTIVE AS THE ORIGINAL. I FURTHER AUTHORIZE RELEASE OF INFORMATION TO FUTURE EMPLOYERS AFTER MY TERMINATION. NOTHING IN THIS APPLICATION PRECLUDES AN INDIVIDUAL FROM FILING A CHARGE OF DISCRIMINATION UNDER THE STATUTES ENFORCED BY THE EEOC. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS CONDITIONAL UPON SATISFACTORY COMPLETION OF DOCUMENTATION AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 AND UNTIL SUCH TIME AS THE RESULT OF MY POSTOFFER PHYSICAL AND DRUG SCREEN ARE KNOWN. I REALIZE THAT FALSIFICATION OR OMISSION OF ANY INFORMATION ON THIS APPLICATION OR DURING ANY INTERVIEW MAY BE CAUSE FOR MY REJECTION OR DISMISSAL. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CADILLAC PRODUCTS PACKAGING COMPANY AND THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO OFFICER, AGENT OR REPRESENTATIVE OF CADILLAC PRODUCTS PACKAGING COMPANY, OTHER THAN THE CEO OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I agree to electronically sign this document and my electronic signature constitutes as the equivalent of my handwritten signature.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Cadillac Products Packaging Company Self-Identification Form

Cadillac Products Packaging Company is an Equal Opportunity Employer. For federal reporting purposes, CPPC is required to solicit and collect data on race, ethnicity, and gender from applicants. Because of this, CPPC invites you to self-identify gender and race/ethnicity. Completion of this form is VOLUNTARY and will not affect your opportunity for employment, or terms or conditions of employment. This information will be used for record keeping purposes only and will be kept separate from all other personnel records only accessed by Human Resources. Please return this form with your application.

Full Name: _____

Position of interest/location: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is your Gender? Male Female I choose not to self-identify

What is your race/ethnicity? Please mark the box that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): a person who primarily identifies with two or more of the above race/ethnicity categories.

I do not wish to disclose.

How were you referred to this company for employment? Please type your response in the box below.

Thank you for your participation.

Date: _____