



Corporate Headquarters
Distribution Center

1702 Industrial Drive, Sandpoint, ID 83864
4122 S Grove Rd. Spokane, WA 99224

Telephone 208.265.9696
Fax 509.624.2552

APPLICATION FOR EMPLOYMENT

Date: _____ **Position Applied For:** _____

How did you hear about this opening? _____

Silgan Unicep Packaging, LLC is an Equal Opportunity Employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other protected under local, state or federal laws.

Notification of the need for reasonable accommodation in the application process: If you need an accommodation to complete the application and/or the interview process, please notify us in advance so we can make appropriate arrangements.

Name _____
Last
First
Middle Initial

Physical Address _____
City
State
Zip

Mailing Address _____
City
State
Zip

Previous Address _____
 (If current address is within the last 5 years.) City State Zip

Home Telephone _____ Cell Number _____

E-mail Address _____

EMPLOYMENT DESIRED

Please check one: Full-time Part-time FT or PT Days Swing Graveyard

Preferred shift: _____ Wage Requirement: _____

EMPLOYMENT HISTORY (Please account for all periods of employment including U.S. Military Service)

PRESENT OR LAST EMPLOYER	Telephone Number	Position Held	
Address	Dates Employed		
		From	To
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason for Leaving		

May we contact your current employer? Yes No _____
 (Additional information, if desired)

****Incomplete applications will not be considered. This application will remain active for 60 days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment it will be necessary for you to complete a new application.****

PREVIOUS EMPLOYER	Telephone Number	Position Held	
Address	Dates Employed		
	From	To	
Supervisor's Name & Title	Starting Pay	Final Pay	
Job Duties	Reason for Leaving		

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Please explain any periods of unemployment greater than six months:

EDUCATION

School Name (most recent first)	Location	Graduated		Degree Type
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
High School		<input type="checkbox"/>	<input type="checkbox"/>	
Special skills, qualifications & trainings:				

Except for minor traffic offenses, have you ever been convicted of a crime? Yes No

(A conviction will not necessarily disqualify you from employment.) If so, please explain: _____

Have you ever been employed by Silgan Unicep before? Yes No If so, when: _____

Please explain why you left your previous position with Silgan Unicep: (this section must be completed if you answered "yes" above): _____

Are you at least 18 years of age? Yes No

ADDITIONAL REFERENCES

Please provide the names of two people that you have known for at least two years. References may be personal or professional, but not family members.

Reference Name	Phone Number	How long have you known this person?	Current Occupation

• I certify that the facts and information in this application and in any attachments/supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.

• I understand that any offer of employment is conditioned upon the satisfactory completion of a verification/background process, a clean urinalysis and/or blood tests for the presence of drugs and alcohol.

• I authorize release of the results to Silgan Unicep for the urinalysis and/or blood tests for the presence of drugs and alcohol in order to evaluate suitable employment and I release Silgan Unicep from any and all incidents associated with the testing.

• I understand that any offer of employment is conditioned upon with the understanding that Silgan Unicep Packaging, LLC (Silgan Unicep) will only hire those individuals who are legally authorized to work in the United States and present acceptable proof of their lawful employment status and identity.

• I authorize the investigation of all matters which Silgan Unicep deems relevant to my qualifications, including employers, schools or named persons to provide information regarding my employment, education, separation or dismissal. I authorize Silgan Unicep to request and receive such information. I release any persons or employers from liability for supplying this information and I release Silgan Unicep from all liability, which might result from the investigation.

• I also understand and agree that if hired, my employment is for no definite period of time, we are an "at-will" employer and either Silgan Unicep or I may terminate our relationship at any time, without notice or for any reason, and that this employment application does not constitute an employment agreement.

 Signature

 Date

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EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Silgan Unicep Packaging, LLC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Silgan Unicep invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

This form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one):

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications:

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

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

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

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 maintain tribal affiliation or community attachment

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

Decline self-identification

Applicant's Signature

Date