

1.

2.

USA-Containers, LLc 1069 Township Rd 1950E Smithshire, IL 61478 Ph. 309-325-7201 eringreenlief@usa-containers.com

It is the policy of USA-CONTAINERS, LLC to provide equal employment opportunities to all applicants and employ origin,

ge, disability or vet	terans status.	d status such as ra	ace, color, religion, gender, national	
Applicant Informa				
Full Name	Click here to enter tex	t.		
Home Address	Click here to enter tex	t.		
City, State, Zip	Click here to enter tex	t.		
Phone Number	Line 1:Click here to enter text. Line 2:Click here to enter text.			
Driver's License (State/Number)	Click here to enter tex			
Emergency Contact Who should we co Contact Name	ntact if you are involved Click here to enter tex		cy?	
	<u> </u>		•	
Relationship to you	Click here to enter tex	rt.		
Address	Click here to enter tex	t.		
City, State, Zip	Click here to enter tex	t.		
Phone Number	Line 1:Click here to enter text. Line2:Click here to enter text.			
General information	on			
Job Position Appl	ied For	Click here to en	ter text.	
		□Full Time	□Part Time	
Are you at least 1	8 years old?	☐ Yes	□No	
Are you willing to	work any shifts,	☐ Yes	□No	
including night and weekends?		If no, please state any limitations: Click here to		
16		enter text.	Landa I	
•	employment, when	Click here to en	ter text.	
would you be available to begin				

working?

3.



	If hired, are you able to submit proof		□Yes		□No				
	that you are legally eligible for								
	employment in the United States?								
	, ,								
4.	Education and Training								
	Did you receive a High S	school diploma/	□No □Yes						
	GED?		If Yes name of institution: Click or tap enter text.				ext.		
	Did you receive a Colleg	e/ University	□No □Yes						
	Degree?		If Yes n	ame of	instituti	on: Cl	ick or tap	enter t	ext.
	Military Service		□No	□Ye	S				
			Branch:	Click	or tap en	ter te	xt.		
			Specialized Training: Click here to enter text.						
	Other Training (graduate, technical,		Click he	re to e	nter tex	t.			
	Vocational)								
Any current Professional licenses or		Click he	re to e	nter tex	t.				
	certification that you hold.								
	Awards, Honors, Special Achievements		Click he	re to e	nter tex	t.			
5.	Application Skills								
	Check those skills that yo	u have. List any of	her skills	that m	ay be us	seful fo	or the job	you are	9
	seeking. Enter the number of years of expe		rience, ai	nd che	ck the nu	ımber	which co	respor	ids to
	your ability for each part	icular skill. (one Re	presents	poor a	ability, w	hile fi	ve represe	nts	
	exceptional ability.)								
	Skills	Years o	of Experie	nce			Ability or	Rating	
	□Welding	Click here to ent	er text.			□1	□2 □3	<b>4</b>	□5
	☐ Mechanical Skills	Click here to ent	er text.			□1	□2 □3	<u>4</u>	□5
	□CDL License	Click here to ent	er text.			□1	□2 □3	<b>□</b> 4	□5
	Click here to enter	Click here to ent	er text.						
	text to add skill								

## 6. Employment History

Click here to enter

text to add skill.

List your current or most recent employment first. Please list all jobs (include self-employment and military service) which you have held, beginning with the most recent and list and explain any gaps in employment. If additional space is needed please attach a separate sheet.

 $\Box 1$   $\Box 2$   $\Box 3$   $\Box 4$   $\Box 5$ 

Click here to enter text.

L	7	

Employer Name	Click here to enter text.
Supervisor Name	Click here to enter text.



Address	Click here to enter text.
City, State, Zip	Click here to enter text.
Job Duties	Click here to enter text.
Reason for leaving	Click here to enter text.
Dates of Employment (Month/ Year)	Click here to enter text.

В.

Employer Name	Click here to enter text.
Supervisor Name	Click here to enter text.
Address	Click here to enter text.
City, State, Zip	Click here to enter text.
Job Duties	Click here to enter text.
Reason for leaving	Click here to enter text.
Dates of Employment (Month/ Year)	Click here to enter text.

C.

C.	
Employer Name	Click here to enter text.
Supervisor Name	Click here to enter text.
Address	Click here to enter text.
City, State, Zip	Click here to enter text.
Job Duties	Click here to enter text.
Reason for leaving	Click here to enter text.
Dates of Employment (Month/ Year)	Click here to enter text.



## 7. Personal References

List any two non-relatives who would be willing to provide a reference for you.

Name	Click here to enter text.
Address	Click here to enter text.
City, State, Zip	Click here to enter text.
Phone Number	Line 1Click here to enter text. Line 2 Click here to enter text.
Relationship	Click here to enter text.

Name	Click here to enter text.
Address	Click here to enter text.
City, State, Zip	Click here to enter text.
Phone Number	Line 1Click here to enter text.
	Line 2 Click here to enter text.
Relationship	Click here to enter text.

8. Please provide any other information that you believe should be considered, including whether you are bound by any agreements with any current employer. Click here to enter text.



I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize USA-Containers, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and education organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of USA-Containers, LLC, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Name	Click here to enter text.
Date	Click here to enter text.