

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment



CONSTRUCTION PRODUCTS CORPORATION

Please read before filling out this application

CPC does not discriminate in hiring or employment on the basis of race, color, sex, sexual orientation, gender identity, religion, genetic information, disability, national origin, citizenship, military status or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **CPC intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Are you 18 years or older? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain _____

(A "yes" answer to this question does not necessarily preclude consideration for employment)

Educational Data

Circle Highest Grade Completed:

Grade, Junior High or High School												College or University					Graduate School								
												1	2	3	4	5	1	2	3	4					
Type of School	Name of School											Location					Major Subject or Course of Study					Did You Graduate?			
High School																									
College																									
Business or Trade School																									
Correspondence School																									
Other (Specify)																									
Graduate School																									

List Degree(s) Obtained _____

Employment

Job applied for _____ Salary desired _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

When could you report for work? _____

Work History

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business		If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

References

Give three references who are not relatives or former employers.				
Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Container Products Corporation (CPC) my record, reason for leaving and all information they may have concerning me, and hereby release them and CPC from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish CPC with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by CPC, it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by CPC, I agree to abide by all its present and subsequently issued rules.

Signature _____ Date _____



VOLUNTARY SELF-IDENTIFICATION FORM 1 – RACE/GENDER (GENDER, ETHNICITY AND RACE SELF-IDENTIFICATION)

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Container Products Corporation 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, Container Products Corporation invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. 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. When reported, data will not identify any specific individual.

If you choose not to self-identify at this time, the federal government allows this employer to determine the information asked below by visual survey.

PLEASE PRINT

NAME: _____ DATE: _____
Last First Middle

Position applied for: *(list only one)* _____

SECTION 1: What is your gender? Check only **ONE** box:

- Male Female

SECTION 2: Are you **Hispanic or Latino**? (A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

- Yes No

SECTION 3: Indicate by checking only **one** of the following EEOC classifications. The EEOC requires that we report only one race/ethnic origin for each person. If you indicated that your ethnicity is Hispanic or Latino, do not check a category below.

- 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.
- American Indian or Alaskan 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.
- 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 Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (one of which is not Hispanic or Latino):** all persons who identify with more than one of the above five races listed as *not Hispanic or Latino*.



CONTAINER PRODUCTS CORPORATION

VOLUNTARY SELF-IDENTIFICATION FORM 2 – VETERANS (PROTECTED VETERANS)

NAME: _____
Last First Middle

DATE: _____

This employer is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

DISABLED VETERAN

(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-oriented disability.

RECENTLY SEPARATED VETERAN

Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN

A veteran who served on active duty in the U.S. military, ground, naval or air service on active duty during a war, or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

ARMED FORCES SERVICE MEDAL VETERAN

Any veteran who while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operations to which an Armed Forces service medal was awarded pursuant to Executive Order 12985(61 FR 1209)

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF-IDENTIFY

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended.



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date



CONSTANT PRODUCTS CORPORATION

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.