

# APPLICATION FOR EMPLOYMENT



## Notice to Applicant

Ardagh Metal Packaging USA Inc. provides equal opportunity to all employees and applicants for employment without regard to race, color, religion, age, gender, sexual orientation, gender identity, gender expression, national origin, physical or mental disability, veteran status or any other characteristic protected by law. Any applicant who, because of disability, needs accommodation or assistance in completing this application or at any time during the application process should contact the Human Resources Department. Ardagh Metal Packaging USA Inc. also provides reasonable accommodation to employees with disabilities consistent with its obligation under law.

## APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_ ☐ Part time ☐ Full time Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print) Last First Middle

Home Phone: \_\_\_\_\_

Present  
Address: \_\_\_\_\_  
No. and Street City State/Province Zip Code

How long have  
you lived there? \_\_\_\_\_  
Years Months

Previous  
Address: \_\_\_\_\_  
No. and Street City State/Province Zip Code

How long did  
you live there? \_\_\_\_\_  
Years Months

Email address: \_\_\_\_\_

Have you ever worked for this company before? ☐ Yes ☐ No

If Yes, please give dates and position(s) held: \_\_\_\_\_

How did you hear about Ardagh Metal Packaging USA Inc? \_\_\_\_\_

Are you authorized to work lawfully in the United States? ☐ Yes ☐ No

Will you now or in the future require Ardagh Group to commence an immigration case in order to employ you? ☐ Yes ☐ No

### RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of employment including military service. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

<b>Present or Most Recent Employer</b> _____ Name of company or firm _____ Address _____ City, State, Zip Code _____ Area Code and Telephone	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Pay</u> Start: \$ _____ Final \$ _____	<u>Position or Title</u> _____ Name and Title of last supervisor	<u>Reason for Leaving</u> _____ <u>Description of Job Duties</u> _____
<b>Previous Employer</b> _____ Name of company or firm _____ Address _____ City, State, Zip Code _____ Area Code and Telephone	<u>Employed</u> From (mo/yr) _____ To (mo/yr)	<u>Pay</u> Start: \$ _____ Final \$ _____	<u>Position or Title</u> _____ Name and Title of last supervisor	<u>Reason for Leaving</u> _____ <u>Description of Job Duties</u> _____

<u>Previous Employer</u> _____ <u>Name of company or firm</u> _____ <u>Address</u> _____ <u>City, State, Zip Code</u> _____ <u>Area Code and Telephone</u> _____	<u>Employed</u> <u>From</u> (mo/yr) _____ <u>To</u> (mo/yr) _____	<u>Pay</u> <u>Start:</u> _____ <u>\$</u> <u>Final</u> _____ <u>\$</u>	<u>Position or Title</u> _____ <u>Name and Title of</u> <u>last supervisor</u> _____	<u>Reason for Leaving</u> _____ <u>Description of Job Duties</u> _____
<u>Previous Employer</u> _____ <u>Name of company or firm</u> _____ <u>Address</u> _____ <u>City, State, Zip Code</u> _____ <u>Area Code and Telephone</u> _____	<u>Employed</u> <u>From</u> (mo/yr) _____ <u>To</u> (mo/yr) _____	<u>Pay</u> <u>Start:</u> _____ <u>\$</u> <u>Final</u> _____ <u>\$</u>	<u>Position or Title</u> _____ <u>Name and Title of</u> <u>last supervisor</u> _____	<u>Reason for Leaving</u> _____ <u>Description of Job Duties</u> _____
<u>Previous Employer</u> _____ <u>Name of company or firm</u> _____ <u>Address</u> _____ <u>City, State, Zip Code</u> _____ <u>Area Code and Telephone</u> _____	<u>Employed</u> <u>From</u> (mo/yr) _____ <u>To</u> (mo/yr) _____	<u>Pay</u> <u>Start:</u> _____ <u>\$</u> <u>Final</u> _____ <u>\$</u>	<u>Position or Title</u> _____ <u>Name and Title of</u> <u>last supervisor</u> _____	<u>Reason for Leaving</u> _____ <u>Description of Job Duties</u> _____

Please explain fully any gaps in your employment history equal to or greater than one month: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your current employer? ☐ Yes ☐ No. If No, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever used another name? ☐ Yes ☐ No If so, what other names?

\_\_\_\_\_

Is any additional information relative to any change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If hired, can you provide proof that you are over 18 years of age? ☐ Yes ☐ No.

Do you have adequate transportation to and from work? ☐ Yes ☐ No.

#### EDUCATION

School Name	Years Completed (circle one)	Diploma or Equivalent Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade/Correspondence:				
Other:				

#### REFERENCES

Please list at least three persons who know you well -

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

I certify that all of the information that I have provided on this application is true and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## APPLICANT'S CERTIFICATION AND CONSENT

**Work Rules.** If I am employed by Ardagh Metal Packaging USA Inc., or an affiliate, I agree to comply with all current rules and regulations of Ardagh Metal Packaging USA Inc. and as may be modified.

**Drug/Alcohol Test.** I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a drug and alcohol screening examination. I hereby consent to a pre and/or post-employment drug and alcohol screen as a condition of employment, if required.

**Medical Examination.** I understand that if offered employment, the offer may be conditioned on the results of a post-offer physical examination at Ardagh Metal Packaging USA Inc.'s expense and conducted by a physician selected by Ardagh Metal Packaging USA Inc. I voluntarily agree to submit to a post-offer physical and understand that the results of that examination may result in a withdrawal of the employment offer. In addition, I consent to the release of any or all-medical information which may be deemed necessary to judge my capability to do the work for which I am applying.

**Background Investigation.** I authorize Ardagh Metal Packaging USA Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment. In that regard, I authorize my current and former employers to disclose to Ardagh Metal Packaging USA Inc. any and all employment records related to my employment with them. I also authorize any and all schools, colleges and universities that I have attended to disclose to Ardagh Metal Packaging USA Inc. any and all information that may be relevant to my employment with Ardagh Metal Packaging USA Inc.

**Authorization to Work in the U.S.** I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and legal eligibility to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the necessary documentation within the time period required by law. I further understand that if I am hired, I will be required, within three days of starting work, to provide documents proving my identity and authorization to work in the United States.

**At Will Employment.** I understand that nothing in this Employment Application or in the granting of an interview or in any policies, procedures or handbooks that I might receive is intended to create an implied or express contract between me and Ardagh Metal Packaging USA Inc. I understand further that if I am employed, I will be employed at-will, meaning that my employment is not for a definite period of time and that either I or Ardagh Metal Packaging USA Inc. can terminate my employment at any time and for any reason or no reason at all. I further understand that no representative of Ardagh Metal Packaging USA Inc. has any authority to enter into any agreement with me that changes my at-will status or guarantees any other personnel change or benefit, unless it is in writing and signed by an authorized corporate officer of Ardagh Metal Packaging USA Inc. I further understand that this entire statement applies to the period before and after I may become employed. Notwithstanding the foregoing, the terms of any collective bargaining agreement will apply to any employee hired to work in a position covered by a collective bargaining agreement.

**Scope and Effect of Application.** I understand that this Employment Application will be considered for only six (6) months and will only be considered for the position for which I am applying. I further acknowledge that my application will remain on file for one (1) year only. After such, I can re-apply if desired.

I certify that all of the answers that I have provided in this Application are true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances for employment with Ardagh Metal Packaging USA Inc.. I understand that any omission or misrepresentation on this Application for Employment or on any documents submitted to Ardagh Metal Packaging USA Inc. in connection with this Application shall be grounds for immediate rejection of my Application or for immediate discharge from employment if the omission or misrepresentation is discovered after I have been hired.

If you have any questions regarding this agreement, please ask a Company representative before signing.

**I have read, understand, and by my signature consent to these statements.**

DATE

Signature of Applicant

HUMAN RESOURCE USE ONLY			
Date of Interview	Date of 2 <sup>nd</sup> Interview	Interviewer	Action
Grade	Salary	Hourly	
Department and Number	Cost Center	Cost Center Number	
Job Title	Requisition number	Start Date	Initials