



## Box Maker Job Description

<b>Job Title:</b>	Box Maker	<b>Job Category:</b>	Agriculture
<b>Department/Group:</b>	Operations	<b>Job Code/Req#:</b>	n/a
<b>Location:</b>	Le Grand, CA	<b>Travel Required:</b>	No
<b>Level/Salary Range:</b>	DOE	<b>Position Type:</b>	Seasonal
<b>HR Contact:</b>	Adrienne Howell/Lupe Mojica	<b>Date posted:</b>	Open
<b>Will Train Applicant(s):</b>	Yes DOE	<b>Posting Expires:</b>	Open
<b>External posting URL:</b>	n/a		
<b>Internal posting URL:</b>	n/a		
<b>Applications Accepted By:</b>			
<b>FAX OR E-MAIL:</b> (559 ) 665-2944 or <a href="mailto:adrienne@jmachinifarms.com">adrienne@jmachinifarms.com</a>  <b>Attention:</b> HR Department		<b>MAIL:</b> Adrienne Howell J Marchini Farms 12000 E. Le Grand Rd. Le Grand, CA 95333	
<b>Job Description</b>			
<p><b>ROLE AND RESPONSIBILITIES</b></p> <ul style="list-style-type: none"> <li>• Fabricates wooden crates or boxes and packs such items as machinery, vehicles, or other large or odd shaped products by performing the following duties.</li> <li>• Reads blueprints, shipping notices, and other specifications, and inspects product to determine size and shape of container, materials to be used, and types of supports and braces to be used.</li> <li>• Assembles cartons</li> <li>• Wraps and pads product with excelsior, paper or other packing material.</li> <li>• Nails cover on crate.</li> <li>• Attaches identification labels or stencils containing such information as shipping destination, weight, and type of product contained on crate.</li> <li>• Follow all food safety and worker safety guidelines</li> <li>• Cleans packaging containers.</li> <li>• Assist with other duties as assigned</li> <li>• Maintaining a safe and clean working environment</li> </ul> <p><b>OTHER DUTIES</b></p> <ul style="list-style-type: none"> <li>• Ability to work 5 or 6 days per week- Weekend work is also may required</li> <li>• Ability to work any shift</li> <li>• Ability to work overtime as needed</li> <li>• Follow all food safety company policies rules and regulations</li> </ul> <p><b>QUALIFICATIONS AND EDUCATION REQUIREMENTS</b></p> <ul style="list-style-type: none"> <li>• Must be able to handle job stress and interact effectively with others</li> </ul> <p><b>PHYSICAL DEMANDS</b></p>			



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The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this Job, the employee is regularly required to stand; use hands to finger, handle, or feel and reach with hands and arms.
- The employee is frequently required to walk; climb or balance and stoop, kneel, crouch, or crawl.
- The employee must regularly lift and/or move up to 15 pounds and occasionally lift and/or move up to 25 pounds.
- Specific vision abilities required by this job include close vision and ability to adjust focus.

### WORK ENVIROMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this Job, the employee is regularly exposed to wet and/or humid conditions.
- The employee is frequently exposed to moving mechanical parts; high, precarious places; extreme cold and extreme heat.
- The noise level in the work environment is usually loud.

### ADDITIONAL NOTES

There may be additional responsibilities that are not noted above.

**Equal Employment Opportunity Employer. M/F/D/V/SO.**

Reviewed By:	Adrienne Howell	Date:	August 6, 2020.
Approved By:	Marc Marchini	Date:	August 6, 2020.
Last Updated By:	Lupe Mojica	Date/Time:	August 6, 2020

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the position

Employee Name: \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_