

1801 Lawrence Drive9Post Office Box 57908De Pere, WI 541159

920.336.7731 800.443.6771 Fax 888.336.6118

Application For Employment

Name

Date

PLEASE READ

A complete application form is required for consideration of employment. Writing "see resume" does not constitute a completed application form.

Last Name	First		Middle	Initial	
Address	Street	City		State	Zip Code
Telephone	Home		Work		
Position 1st Priority applying For			2nd Pri	ority	
Are you at least 18 years of	age? []Yes []No)			
Are you interested in part-time? []Yes []No	What hours/days of week if part-time?			
Are you interested in full-time? []Yes []No	Are you willing to work overtime?	[]Yes	[] No	
What hours/days of the wee would you not be able to we					
Are you presently on a lay- and subject to recall?	off []Yes []No				
When are you available to start work?					
Salary/wage requirement					
Are you a citizen or residen alien of the United States?	t []Yes []No				
Have you filed an application here before? [give date and on applied for:			
Have you been convicted o other than a minor traffic vice		If yes, when? (Background conviction will not necessarily dis However, an untruthful response	squalify applicant	from employment.	
Whom can we notify in case of emergency?	Name			Phone	
,		License Number			
Have you been known by a to verify any of the information	ny other name(s) which Indepe ion contained in this application	endent Printing Company, n? [] Yes [] M		uire	
If yes, give name(s) and ide related school, employer, et					
EDUCATION					
Circle highest grade school high school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12			1 2 c	ollege 3 4 5 6+	
Do you have a high school diploma or GED? [Name and loca] Yes [] No of high school	ation	·		
TRAINING BEYOND HIG	H SCHOOL				
Vocational Training:			No. of		
Name/Location		Dates Attended	Earned Credits	Emphasis of Study	Degree and Year Granted
		From To			
<u> </u>				ı <u> </u>	<u>. </u>
College or University:			No. of Earned	Emphasis	Degree and
Name/Location		Dates Attended	Credits	of Study	Year Granted
		From To			
				1	

Other

Please list any other areas of study, correspondence and/or short courses, military training, certifications, licenses, etc, you possess or have pursued:

Subject	Dates of Study	Type of License,Dates of StudyCertificationDate Granted		

WORK EXPERIENCE

Provide a complete description of all qualifying experience. Enclose a sheet of paper if more space is needed. Start with your present or most recent position. NOTE: Writing "see resume" does not constitute a completed application form.

Employer	Address	Kind of Business		
Your Title	Reason for Leaving or Considering Leaving	Name of Supervisor		
Your Duties		Dates Employed		
		FromTo		
		No. of Hours/Week:		
		Starting Wage:		
		Ending/Present Wage:		
Employer	Address	Kind of Business		
Your Title	Reason for Leaving or Considering Leaving	Name of Supervisor		
Your Duties		Dates Employed		
		FromTo		
		No. of Hours/Week:		
		Starting Wage:		
		Ending/Present Wage:		
Employer	Address	Kind of Business		
Your Title	Reason for Leaving or Considering Leaving	Name of Supervisor		
Your Duties		Dates Employed		
		FromTo		
		No. of Hours/Week:		
		Starting Wage:		
		Ending/Present Wage:		

Other		
Please include relevant volunteer experience:		
Organization Amount of Time Spent/Dates Assignments	Assignments	
List equipment you can operate (i.e., computers, camera, offset presses, bindery equipment, processors, typewriters, etc.)		
May we contact your present employer? [] Yes [] No If not why?		
Please list any <u>relevant</u> special interests,		
hobbies, or awards you have received:		
Why are you interested in working for Independent Printing Company, Inc?		
	-	
Please list work-related references: (Do not include personal references or relatives)		
Name Company Name/Address Daytime Telephone No.		
1.		
2.		
3.		
Referral Source:		
[] Advertisement [] Friend [] Relative [] Employment Agency [] Current Independent Printing Company, Inc. employee [] Walk-in [] Other		

PLEASE READ BEFORE SIGNING

An application for employment at Independent Printing Company, Inc. is kept on file for 1 year. Thereafter, it will be necessary to reapply.

I understand that all information on this application is true and complete and that any false or missing job-related information may disqualify me from being considered and/or could result in immediate discharge if hired for any position.

In consideration of my employment, I agree to conform to the rules and regulations of Independent Printing Company, Inc. and any employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Independent Printing Company, Inc. or myself. I understand that no supervisor or representative of Independent Printing Company, Inc. other than an Independent Printing Company, Inc. officer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I authorize investigation of all statements and inquiries to those listed as references as contained in this application.

Signature of Applicant

Date

All offers of employment are contingent upon the successful completion of a pre-employment physical and drug screen.

AN EQUAL OPPORTUNITY EMPLOYER