



Independent Printing Company, Inc.

1801 Lawrence Drive 920.336.7731
Post Office Box 5790 800.443.6771
De Pere, WI 54115 Fax 888.336.6118

Application For Employment

Name	Date
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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
Telephone	Home	Work
Position applying For	1st Priority	2nd Priority
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in part-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What hours/days of week if part-time?
Are you interested in full-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
What hours/days of the week would you not be able to work?		
Are you presently on a lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When are you available to start work?		
Salary/wage requirement		
Are you a citizen or resident alien of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you filed an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date and position applied for:
Have you been convicted of an offense other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? <small>(Background checks are conducted and a conviction will not necessarily disqualify applicant from employment. However, an untruthful response will disqualify the applicant.)</small>
Whom can we notify in case of emergency?	Name	Phone
Do you have a valid Wisconsin driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Number
Have you been known by any other name(s) which Independent Printing Company, Inc. will require to verify any of the information contained in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give name(s) and identify related school, employer, etc.		

EDUCATION

Circle highest grade completed:	1 2 3 4 5 6 7 8	grade school	9 10 11 12	high school	1 2 3 4 5 6+	college
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and location of high school				

TRAINING BEYOND HIGH SCHOOL

Vocational Training:		No. of Earned Credits	Emphasis of Study	Degree and Year Granted
Name/Location	Dates Attended			
	From To			

College or University:		No. of Earned Credits	Emphasis of Study	Degree and Year Granted
Name/Location	Dates Attended			
	From To			

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, Certification	Date 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
		From _____ To _____
		No. of Hours/Week: _____
		Starting Wage: _____
		Ending/Present Wage: _____

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