



201 SOUTH GREGORY

NEWTON, IL 62448

(618)-783-2978

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER.

(PLEASE PRINT LEGIBLY)

Date of Application _____ Position Applying For: _____

How did you hear about us? _____

PERSONAL DATA

NAME

Last First Middle Social Security Number

ADDRESS

Number Street City State Zip Code

TELEPHONE (Home) - _____ (cell) - _____

EMAIL ADDRESS _____

Are you available to work any shift? Yes No

If no, please indicate which shift can work: 1st 2nd 3rd

If employed and under 16 years of age, can you furnish a work permit? Yes No

Have you filed an application with this company before? Yes No

If yes, give date: _____

Have you ever been employed with this company before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

When are you available to work? Full Time Part Time Shift Work Temporary

(Illinois applicants: Under the Illinois Human Rights Act, applicants are not obligated to disclose sealed or expunged records of conviction or arrest or expunged juvenile records of conviction or arrest; criminal conviction inquiries are prohibited on the initial employment application.)

EDUCATION

	High School	College	Other
Name			
Years Complete			
Degree			
Describe Course/Major			
Special Skills:			

Honors or Special Awards: _____

Military Service Record

Were you in U.S. Armed Forces? Yes _____ No _____

Employment Experience (START WITH YOUR PRESENT OR LAST JOB)

1. Employer: _____ Dates Employed: (mo./yr) _____
Address: _____ From: _____ To: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Work Performed: _____

Reason for Leaving: _____

2. Employer: _____ Dates Employed: (mo./yr) _____
Address: _____ From: _____ To: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Work Performed: _____

Reason for Leaving: _____

3. Employer: _____ Dates Employed: (mo./yr) _____
Address: _____ From: _____ To: _____
Phone Number: _____
Job Title: _____ Supervisor: _____
Work Performed: _____

Reason for Leaving: _____

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document, nor any offer of employment from Total Printing Systems constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide all rules and regulations of Total Printing Systems.

Signature of Applicant

Date

Printed Name of Applicant