

MISS PRINT

8244 Calumet Avenue
Munster, IN 46321
219.836.2517
219.836.0449 Fax

**APPLICATION
FOR
EMPLOYMENT**

Miss Print is an equal opportunity employer

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. and Expiration Date: _____

Emergency contact person: Name: _____ Relation to you: _____ Phone: _____

Position You Are Applying For: _____ Salary Requirement: _____

Have you ever been employed by Miss Print ? Referred by: _____

Do you own reliable transportation? Date You Can Start: _____

Have you ever been convicted of a criminal offense? Yes No
If yes, please explain: _____

Are there any days or times (shifts) that you are not available to work? Yes No
If yes, list days and times (shifts): _____

EDUCATION RECORD

High School (Name, City, State): _____

Graduation Date: _____

Business or Technical School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Undergraduate College (Name, City, State): _____

Dates Attended: _____ Degree, Major: _____

Graduate School (Name, City, State): _____

Dates Attended: _____ Degree, Subject: _____

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

| | | |
|---------------------------|-----------------|--------|
| 1-Employer | Dates Employed: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Ending Salary: | |
| Title/Duties: | | |
| Manager's Name and Title: | May we contact? | Yes No |
| Reason for Leaving: | | |

| | | |
|---------------------------|-----------------|--------|
| 2-Employer | Dates Employed: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Ending Salary: | |
| Title/Duties: | | |
| Manager's Name and Title: | May we contact? | Yes No |
| Reason for Leaving: | | |

| | | |
|---------------------------|-----------------|--------|
| 3-Employer | Dates Employed: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Ending Salary: | |
| Title/Duties: | | |
| Manager's Name and Title: | May we contact? | Yes No |
| Reason for Leaving: | | |

BUSINESS, PERSONAL, AND ACADEMIC REFERENCES

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

PLEASE READ AND SIGN

I authorize investigation of all statements contained herein and I give Miss Print the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that prior to being hired, I will undergo previous employer reference inquiries; background/credit check; pre-employment drug screening; and will be given certain tests at Miss Print's expense. Time and place are to be arranged by Miss Print management personnel.

If I am hired by Miss Print and later it is discovered that I dishonestly answered any questions on this application, I am aware that my employment will be immediately terminated. I further understand that I will be required to follow the personnel policies and procedures of Miss Print and that infractions of said policies and/or procedures may lead to dismissal.

Signature:

Date: