

## **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

Date: \_\_\_\_\_

PERSONAL INFORMATION										
Name:				Referred By:						
Street Address:				City:			State:	Zip:		
Phone: Alt. Phone:										
Email:				<u>I</u>						
EDUCATION										
		Name of School				Gra	aduation Year	Major		
High School										
College or Trade										
<b>EXPERIENCE &amp; TR</b>	RAI	NING								
Special Skills, Talents	, or	Training:								
Military Service:										
Department		Position Desired	Trai	raining & Experience						
Bindery										
Wide Format										
Offset Printing										
Digital Printing										
Pre-Press / Design										
Administrative / Office	ce									
<b>EMPLOYMENT HI</b>										
Employment Dates	Co	ompany Name, Supervisor, Phone	Name, Supervisor, Phone Wage Position Reason for		Reason for Le	eaving				

REFERENCES										
Please list the names of three persons										
Name	Email Address	Phor	ne	Years Known						
AUTHORIZATION										
I certify that the facts contained in this application are true and complete to the best of my knowledge. I										
understand that if I am employed, falsified statements on this application shall be grounds for dismissal. I										
authorize an investigation on all statements contained herein and the references and employers listed above to										
provide any and and all informat										
may have, personal or otherwise	<b>-</b>			•						
from utilization of such informat	•	iom an naomey for an	, damage mac	na, resure						
Trom dimediation of such informati										
I also understand and agree that	no representative of McNeil P	rinting has any autho	rity to ontor int	0.201/						
_	•	•	•	•						
agreement for employment for a	• •		•							
unless it is in writing and signed		• •	yed, I agree to r	ead McNeil						
Printing's employee manual and	abide by its rules and regulation	ons.								
McNeil Printing is a drug free en			-							
distributing any form of drugs or	n the premises will be dismisse	d. A pre-employment	drug test is req	uired.						
		ì								
Signature:		Da	te:							
Interviewed By:		Da	te:							
REMARKS										
Please do not write below this line.										
	T		1 _							
Position:	Approved By:		Date:							