

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. This application is considered valid for 30 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application and submitting it to the Human Resources Department. **PLEASE PRINT ALL REQUESTED INFORMATION. DO NOT USE "REFER TO RESUME."**

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Date of Application		
Street Address (No PO Boxes)		Home Phone					
City, State, Zip		Daytime Phone					
Were you previously employed by Freeport Press? YES, Date(s) <input type="text"/> <input type="checkbox"/> NO		e-mail Address		Social Security Number			
Job Referral Source (name specific source):		Driver's Lic. No. & Exp. Date					
Help Wanted Ad: <input type="text"/> Employee: <input type="text"/> Walk-in <input type="checkbox"/> Other <input type="text"/>		Phone					
Can you work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		Can you work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date available to work?			
Are you employed now? NO <input type="checkbox"/> YES, Where? <input type="text"/>		Position Applying for:			Salaried Desired <input type="checkbox"/>		
Hours Available	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

Level	Name and Location of School	Course of Study	Number of Years	Graduate, Diploma/Degree
H. S./GED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any other education, training, certifications, or licenses that you possess:

SKILLS AND QUALIFICATIONS

Have you had any other experiences or qualifications, in addition to those indicated above, which relate to the job for which you are applying?

Computer Hardware/Software:

Office Machines:

Production Equipment:

Mobile Equipment:

Other:

ADDITIONAL EMPLOYMENT RELATED INFORMATION

List any relatives or friends working for this company:

Name	Relationship
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you been convicted of a crime excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?
 YES NO If "yes", please describe: (A conviction will not necessarily disqualify you from the position from which you have applied.)

EXPERIENCE - List Present and Former Employers beginning with most recent.

COMPANY #1

Address
 Name and Title of Supervisor
 State Job Title and Describe Your Work and Responsibilities

Type of Business Phone No.
 Employed (month and year)
 From To:
 May We Contact? Employed
 YES NO Full-Time Part-Time
 Wages (hourly, salary, or base and commission)
 Starting: Last:
 Reason for Leaving:

COMPANY #2

Address
 Name and Title of Supervisor
 State Job Title and Describe Your Work and Responsibilities

Type of Business Phone No.
 Employed (month and year)
 From To:
 May We Contact? Employed
 YES NO Full-Time Part-Time
 Wages (hourly, salary, or base and commission)
 Starting: Last:
 Reason for Leaving:

COMPANY #3

Address
 Name and Title of Supervisor
 State Job Title and Describe Your Work and Responsibilities

Type of Business Phone No.
 Employed (month and year)
 From To:
 May We Contact? Employed
 YES NO Full-Time Part-Time
 Wages (hourly, salary, or base and commission)
 Starting: Last:
 Reason for Leaving:

REFERENCES -- List three (3) business persons known, not related to you and other than those listed above, who can speak to your previous and/or present job performance, knowledge, skills, and/or abilities.

Name	Title	Business	Phone	Years Known

APPLICANT'S REFERENCE AUTHORIZATION AND CERTIFICATION

This is to inform you that as part of our procedure for processing your employment application, Freeport Press will investigate your previous employment, educational credentials, and/or other employment-related activities such as driving record, etc. Freeport Press may use an independent consumer/investigation-reporting agency.

I hereby authorize all prior employers, educational institutions, the Social Security Administration, law enforcement, investigative and other government agencies to give Freeport Press any and all information concerning previous employment as well as any relevant information and opinions which may be useful in making a hiring decision, including, but not limited to, any courthouse, any public agency, and any and all law enforcement agencies, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources. This information may include information as to your character, driving record (including traffic citations), a social security number verification, present and former addresses, criminal (felony) record, educational verification, general reputation, and/or personal characteristics. By signing this document you agree to the investigation and agree to cooperate in such investigations and release any and all persons, companies, government agencies, or others from any and all liability from furnishing information and opinions (whatever is truthful or made in good faith) to the company.

I understand that any omission, false or inaccurate statements on my resume, application, during interviews, or on any document completed during the interview/employment process will result in my removal from further consideration for employment, or, if employed when discovered, may result in dismissal regardless of the time elapsed before discovery. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that if any allegations of workplace misconduct are made against me during my employment the Company will investigate those allegations. I give my permission to the Company to conduct those investigations and I agree to cooperate in all such investigations.

I certify that answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Freeport Press is an "AT-WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of Freeport Press.

You will be asked to take a drug test as part of your pre-employment screening. Successful completion of this test is required before you begin work.

Name (print): _____ Signature: _____ Date: _____