



Morgantown Printing & Binding

Application for Employment

(Please Print)

This printing company is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

I. Personal Information

Date: _____

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different than above) _____

Telephone _____

Social Security Number ____ - ____ - ____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identify (valid driver's license, birth certificate, "Green Card", etc.) at the time of job orientation. Failure to submit such proof shall result in immediate withdrawal of employment offer.

Position Applied For: _____

1. Is there any information we would need about your name or another name for us to be able to check your work record? Please specify:

2. Have you ever been employed by a printing company? Yes No

3. If you answered yes, give a brief description of the type of work you performed: _____

4. How were you referred to this company? _____

5. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

- | | |
|--|-----------------------|
| _____ | _____ |
| Company Name (Current or Most Recent Employer) | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager/Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason for Leaving | |
- | | |
|--------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager/Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason for Leaving | |
- | | |
|--------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager/Supervisor | Telephone Wage/Salary |
| _____ | _____ |
| Reason for Leaving | |

NOTE: Use a separate sheet to list additional employers, if necessary. We may contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and the reason for the exclusion.

_____ (Employer's Name)	_____ Reason
_____ (Employer's Name)	_____ Reason

IV. References *Please do not include relatives or former employers*

1. _____ Name	_____ Years Known
_____ Street Address	_____ Telephone
_____ City State Zip	_____ Occupation
2. _____ Name	_____ Years Known
_____ Street Address	_____ Telephone
_____ City State Zip	_____ Occupation
3. _____ Name	_____ Years Known
_____ Street Address	_____ Telephone
_____ City State Zip	_____ Occupation

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? _____
2. Do you have any objection to working overtime? Yes No
3. Can you work overtime without prior notice? Yes No
4. Can you work on Saturday? Yes No
5. Can you work on Sunday? Yes No
6. Can you work any shift? Yes No
7. Can you work on holidays? Yes No

VI. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for this printing company's consideration of this application, I give permission to investigate my personal and employment history. I agree to fully cooperate in the background investigation, and to sign any waivers or release that may be necessary to obtain access to relevant information. I understand that this background investigation may include, but not be limited to, verification of all information on this application, pre-employment drug testing, criminal background checks, as well as interviews with past employers. I further give permission to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to contact all employers listed on this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history and consent to the release of such information orally or in writing.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of this company to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Falsification Statement

I understand that any falsification or willful omission of facts made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

5. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of this company, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either this company or myself. I understand that no manager or representative of this company has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will not be relied upon by me.

Applicant's Signature

Date