

## **MPB Print & Sign Superstore** 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:	
Last Name	First	Middle	
Pres	sent Address		
Pres	sent Address		
Permanent Addre	ess (if different than above)		
Telephone			
Social Security Number			
of employment authorization and identify (valid driv of job orientation. Failure to submit such proof shall Position Applied For:	result in immediate withdrawal		
Is there any information we would need about your n record? Please specify:	ame or another name for us to be	able to check your work	
2. Have you ever been employed by a printing compan	y? □ Yes □ No		
3. If you answered yes, give a brief description of the ty	pe 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
em/Jr. High		
gh School		
llege		
ch Training		
ner		
<b>Employment Record</b> (Please include all employn	nent for the last five years)	
Company Name (Current or Most Recent Employer)	Position Held	
Address	Dates Employed: From	То
Manager/Supervisor	Telephone	Wage/Salary
Reason for Leaving		
Company Name (Current or Most Recent Employer)	Position Held	
Address	Dates Employed: From	То
Manager/Supervisor	 	Wage/Salary
Reason for Leaving		
Company Name (Current or Most Recent Employer)	Position Held	
Address	Dates Employed: From	То
Manager/Supervisor	Telephone	Wage/Salary
Reason for Leaving		

			We may contact all of the employers listed on this application you do not want us to contact and the reason for the
Employer's Nam	ie		Reason
Employer's Nam	ne		Reason
IV. Referen	<b>ces</b> (Please do not include relatives	or former emp	oloyers)
1			
Name			Years Known
Street Addres	is s		Telephone
City	State	Zip	Occupation
2Name			Years Known
Street Addres	ss		Telephone
City	State	Zip	Occupation
3			
Name			Years Known
Street Addres	ss		Telephone
City	State	Zip	Occupation
V. Work Av	ailability		
1. If your app	lication receives favorable consider	ation, when wil	l you be available to begin work?
2. Do you hav	ve any objection to working overtim	ne? □ Yes □	No
3. Can you w	ork overtime without prior notice?	□ Yes □ No	
4. Can you w	ork on Saturday? □ Yes □ No		
5. Can you w	ork on Sunday? □ Yes □ No		
6. Can you w	ork any shift? □ Yes □ No		
7. Can you w	ork on holidays? □ Yes □ No		

<b>5</b>	per
Backgroun	esearch Release
Please read th	ection carefully and acknowledge your understanding by signing your name in the space bel
certify that al to the best of	the statements made by me on this application for employment are true, correct, and comp knowledge.
As a condition permission to nvestigation, understand to this application this application.	and in consideration for this printing company's consideration of this application, I give estigate my personal and employment history. I agree to fully cooperate in the background to sign any waivers or release that may be necessary to obtain access to relevant information this background investigation may include, but not be limited to, verification of all information, pre-employment drug testing, criminal background checks, as well as interviews with paster give permission to conduct this investigation and to discuss the results of this investigation my application for employment.
give permiss references. I fo	to contact Past Employers to contact all employers listed on this application (except those specifically excluded) for er give permission to all current or previous employers and/or managers or supervisors to nt personal and employment history and consent to the release of such information orally
give permiss obtained in th nvestigator co under state la	to any agent, attorney or representative of this company to receive a copy of any informatic e of any federal, state or local court, governmental agency, law enforcement agency or erning or relating to me. I further consent to the release of such information and waive any roncerning notification of the request for a release of such information. I understand that the stigation will be limited to criminal and/or civil records that relate to my honesty, integrity
oackground ii	tatement any falsification or willful omission of facts made in this application or in connection with an stigation may be sufficient grounds for rejection of this application, or, if discovered after an ent, for immediate dismissal.
employment a without notice representative period of time	"At Will"  of my employment, I agree to conform to the rules and regulations of this company, and my compensation is "at will" in that they can be terminated with or without cause, and with or any time, at the option of either this company or myself. I understand that no manager or this company has authority to enter into any agreement for employment for any specified to make any agreement or contract to the foregoing, and that any promises to the contrary upon by me.

Date

Applicant's Signature