



Employment Application Form

Answer all questions completely. Please print when not typing. Incomplete applications will NOT be considered. Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age, nationality, handicap / disability, veteran, or any status protected by law.

			Date
PERSONAL	Last Name		First Name
	Street Address		Home Phone
	City, State, Zip		Cell Phone
	How long have you lived at this address?	How long at a previous address?	Social Security # (Optional)
	Position Desired: Full-time <input type="radio"/> Part-time <input type="radio"/> Temporary <input type="radio"/> Seasonal <input type="radio"/>		When will you be available to begin work?
	Position Applying For: Any Available		Desired Starting Wage:
	Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="radio"/> No		Are you over the age of 18? <input type="radio"/> Yes <input type="radio"/> No
(Proof of U.S. Citizenship, of Immigration status, or of your eligibility to work will be required prior to starting work.)			

REFERRAL SOURCE	Check One	Advertisement <input type="checkbox"/>	Employee <input type="checkbox"/>	Relative <input type="checkbox"/>	Other _____
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EDUCATION	Education History	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	College					
	Business/Trade Technical					
	High School					

PERSONAL REFERENCES: Give names and telephone numbers of three references not related to you.	**DO NOT FILL IN
	HUMAN RESOURCES DEPARTMENT ONLY
	Date of Interview: Comments:
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	Date of Interview: Comments:

EMPLOYMENT HISTORY
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1	Company Name	Telephone	May we contact? Yes <input type="radio"/> No <input type="radio"/>
	Address	Employed - (Month & Year) From _____ To _____	
	Name of Supervisor	Weekly or Hourly Pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving:	

2	Company Name	Telephone	May we contact? Yes <input type="radio"/> No <input type="radio"/>
	Address	Employed - (Month & Year) From _____ To _____	
	Name of Supervisor	Weekly or Hourly Pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving:	

3	Company Name	Telephone	May we contact? Yes <input type="radio"/> No <input type="radio"/>
	Address	Employed - (Month & Year) From _____ To _____	
	Name of Supervisor	Weekly or Hourly Pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving:	

4	Company Name	Telephone	May we contact? Yes <input type="radio"/> No <input type="radio"/>
	Address	Employed - (Month & Year) From _____ To _____	
	Name of Supervisor	Weekly or Hourly Pay Start _____ Last _____	
	State Job Title and Describe Your Work	Reason for Leaving:	

CRIMINAL HISTORY	
Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes <input type="radio"/> No <input type="radio"/>	
If yes, please describe the circumstances:	

QUALIFICATIONS & ADDITIONAL INFORMATION

Explain how you feel you would be an asset to this company:

SPECIAL SKILLS

Summarize special job-related experience you have acquired over your career (i.e. languages, machine operation, etc.)

NAMES OF RELATIVES AND FRIENDS WORKING FOR US

*IF APPLYING FOR FISHWRAPPER DELIVERY POSITIONS

Can you lift 40lbs repeatedly? Yes No

What type of delivery vehicle do you have? (A van, truck, or SUV is recommended) _____

Do you have a current valid driver's license? Yes No

State _____ License # _____ Expiration Date _____

Has your driver's license ever been revoked? Yes No

If yes, explain: _____

Have you ever been cited for DUI? Yes No

Please list all moving traffic violations in the last five (5) years. _____

EMERGENCY INFORMATION

In case of emergency, contact

Relationship

Address

Home Phone

Work Phone

APPLICANT'S STATEMENT

I understand that this is not a contract for employment.

I further understand that, if hired, my employment is "at will" and can be terminated at any time, with or without notice, and for any reason. I also understand that while personnel policies, programs, and procedures may become necessary to change from time to time, any change in the "at will" nature of my employment must be made in writing and signed by a designated authorized representative of Little Mountain Printing, Inc.

I hereby authorize investigation of all statements contained in this application as may be pertinent to an employment decision.

I certify that the information I have supplied in this application is true and complete to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent future employment.

Signature of Applicant

Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Applicant Interviewed By:

Date:

Comments:

Employed: Yes No

Date of Employment:

Job Title:

Department:

Salary:

Review Date:

R E F E R E N C E C H E C K S	Employer Contacted	Remarks
	Person Contacted	Remarks