

# APPLICATION FOR EMPLOYMENT



**3920 AIRPARK BOULEVARD . DULUTH . MN . 55811**  
**218. 722.9805 . FAX 218.722.9914 . proprintduluth.com**

Today's date \_\_\_\_\_ Date available for employment \_\_\_\_\_

Position desired \_\_\_\_\_ Salary desired \_\_\_\_\_

Desired work hours:  Full Time  Part Time  Temporary Do you prefer:  Days  Evenings

How were you referred to Pro Print?  Newspaper  Radio  Agency \_\_\_\_\_

Employee \_\_\_\_\_  Other \_\_\_\_\_

<b>PERSONAL</b>	Print Last Name		Print First Name		Initial	Social Security Number	
	Present Address (street, city, state, zip code)					Area Code/Present Telephone number	
						HOME	
						WORK	
	Permanent Address if different from above (street, city, state, zip code)					Area Code/Permanent Telephone number	
	In order to work for this company you must either be a citizen or hold a current visa entitling you to work here. Please check whether you can comply with EITHER one of these requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof will be required after employment)						
	Do you have any relatives employed at ProPrint? <input type="checkbox"/> Yes <input type="checkbox"/> No			Print Relatives Name		Relationship	
	Have you ever previously applied at ProPrint? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Were you ever employed by ProPrint? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, When?		Your name at time of previous employment:
	Since the age of 18, have you been convicted of a misdemeanor (other than traffic violation) or a felony which is still on your record? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction is relevant if job-related. It will not necessarily bar you from employment)				Date	Place	Charges
	Do you have any physical, mental or emotional disability or illness which might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, list any functions you would not be able to perform at all and any function which you could not perform safely and efficiently.						

*Your resume cannot be used as a substitute for filling out this application.  
 This application must be fully completed. You may, however, attach your resume.*

**AN EQUAL OPPORTUNITY EMPLOYER**  
**ProPrint complies with all state and federal laws prohibiting discrimination.**

**EDUCATION**

Name and Address of School	From Mo. Yr.	From Mo. Yr.	Major	Correspondence or Night Classes or Daytime Enrollment	Academic Honors and GPA	Graduated? Yes or No (Degree)	Year of Graduation
High or Prep School:							
Business or special schools:							
College (or Junior College):							
Graduate Studies:							

**EMPLOYMENT**

**Beginning with your current position (or last position if currently unemployed), use one block for each position and give an accurate summary of your duties. Concentrate on the major aspects of the position. Include such facts as number of people supervised, financial responsibilities, major accomplishments and the reason for leaving.**

Name and Address of Employer			Type of Business		
Dates Employed From                      To		Starting Title		Present or Last Title	
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary \$                      per	Present or Last Salary \$                      per	
Describe Duties					
Reason for leaving: <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Other					
Name and Address of Employer			Type of Business		
Dates Employed From                      To		Starting Title		Present or Last Title	
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary \$                      per	Present or Last Salary \$                      per	
Describe Duties					
Reason for leaving: <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Other					

**EMPLOYMENT CONTINUED**

Name and Address of Employer			Type of Business		
Dates Employed From                      To		Starting Title		Present or Last Title	
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary \$                      per	Present or Last Salary \$                      per	
Describe Duties					
Reason for leaving: <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Other					
Name and Address of Employer			Type of Business		
Dates Employed From                      To		Starting Title		Present or Last Title	
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary \$                      per	Present or Last Salary \$                      per	
Describe Duties					
Reason for leaving: <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Other					

**Account for all major periods of unemployment**

  
  
  
  

**Further comments**

  
  
  
  

<b>U.S. MILITARY</b>	From Mo.Yr.	From Mo.Yr.	Branch of military service (if none, write "none")	Rank of entry	Rank at discharge	Date of discharge
<b>Military duties and responsibilities</b>						

List all equipment you can operate/skills you have:

Presses \_\_\_\_\_

Bindery \_\_\_\_\_

Other \_\_\_\_\_

Computers:  Macintosh     PC

Software Programs \_\_\_\_\_

Type, WPM \_\_\_\_\_

Scanner \_\_\_\_\_

Rip \_\_\_\_\_

Digital Printer \_\_\_\_\_

Proofing Systems \_\_\_\_\_

Platemaking \_\_\_\_\_

Business or Professional awards, publications and memberships in societies.  
(Omit those which indicate race, religion, sex or national origin)

Type or name	Where	Where

***I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information on this form is sufficient cause for cancellation of this application or, if I am employed, subsequent dismissal.***

***I authorize ProPrint to make any reasonable investigation of my personal or employment history and authorize any former employer, person or firm, corporation, credit agency, or government agency to give ProPrint any relevant information they may have regarding me. In consideration of ProPrint's review of this application, I release ProPrint and all providers of information from any liability as a result of furnishing or receiving this information.***

***I further agree that upon being employed and for so long as I am employed, I will conform my conduct to ProPrint's rules and regulations and understand that my employment can be terminated with or without cause and with or without notice at any time, at either ProPrint's or my option.***

***I understand that should I be hired by ProPrint, I will not be considered a regular employee until I have satisfactorily completed a 90 day probationary period of employment and any extensions thereto.***

\_\_\_\_\_  
**READ THE ABOVE CAREFULLY AND SIGN APPLICATION HERE**