

EMPLOYMENT APPLICATION



REINDL PRINTING INC.
1300 JOHNSON ST.
PO Box 317
MERRILL WI, 54452
(715) 536-9537

PLEASE PRINT ALL REQUESTED INFORMATION, DO NOT USE 'REFER TO RESUME.'

PERSONAL INFORMATION					
Last Name	First Name	MI	Date of Application		
Street Address			Primary Phone		
City, State, Zip			Secondary Phone		
Position Applying for:		Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No			
Salary or Wage Preference	Are you willing to work overtime? Yes ____ No ____	Full Time ____ Part Time ____	Shift Preference (circle one) First Second Either		
Are you able to perform the essential functions of this position with or without reasonable accommodations? ____ Yes ____ No		Are you employed now? ____ Yes ____ No		Date available to work?	
Are you at least 18 years old? ____ Yes ____ No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.					
Are you legally authorized to work in the United States? ____ Yes ____ No			Can you provide the appropriate documentation to verify your rights to work in the United States? ____ Yes ____ No		
Have you ever applied at this company before? ____ Yes ____ No If so, when? _____			Have you signed any non-compete agreements with any other employers that would restrict you from working with this company? ____ Yes ____ No If yes, explain: _____		
Have you ever worked at this company before? ____ Yes ____ No If so, when? _____					
EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL (CITY, STATE)	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
TRADE SCHOOL					
TRADE SCHOOL					
OTHER					
SPECIAL SKILLS					
List any other education, training, special skills, certifications, or licenses that you possess: _____ _____ _____					
ARMED SERVICES					
Have you ever served in the armed services? ____ Yes ____ No Dates of Duty: ____/____/____ to ____/____/____					
What were your duties (include special training)? _____ _____					

EMPLOYMENT HISTORY

COMPANY	Type of Business	Phone
Address (include city, state, zip)	Employed (Month and Year) From: To:	
Name and title of supervisor	Wages (hourly, salary, or base and commission) Starting: Ending:	
State job description and work responsibilities	May we contact? _____ Yes _____ No	Employed _____ Full-Time _____ Part-Time
	Reason for Leaving	
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Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No

If yes explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (convictions are not an automatic bar to employment)

Please explain any gaps in your employment history:

Have you ever been discharged or asked to resign? Yes No

If yes, please explain:

REFERENCES

List three (3) 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. Do not use personal friends.

Name	Relationship
Address	Phone
City, State, Zip	Years Known

Name	Relationship
Address	Phone
City, State, Zip	Years Known

Name	Relationship
Address	Phone
City, State, Zip	Years Known

ADDITIONAL EMPLOYMENT RELATED INFORMATION

List any relatives or friends working for this company:

Name	Relationship
Name	Relationship

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my educational or employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

3. I understand that upon receiving a job offer, a drug screening will be required and all offers are contingent upon successful completion.

4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in written employment contract. I further understand that no company employee or representative has the authority to enter into contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

5. 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 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 12 months 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 Human Resources Department.

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

Signed by Applicant _____ Date: _____

By checking this box and typing your name above you are electronically signing this document.

Thank you for your interest in our company



Precision-Engineered Print Services™