

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected class.

Instructions: Please complete the following information. Applications must specify job for which you are applying. The application must be completely filled out and signed. E-mail the completed application and any additional files by clicking the "E-mail Form" button at the bottom of page 2.

Name _____ Today's Date _____

Social Security # _____ Phone _____

Address _____

City/State/Zip _____

Position Applied For (Be Specific) _____

Shift Preferred: 1 2

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you been employed here before? Yes No Date _____ Position Held _____

What is your desired salary range? _____

Are you legally eligible for employment in the United States? Yes No (if yes, proof is required)

Are you the age of 18 or over? Yes No



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Educational Background

School	Name and location	Course of Study	Years Completed	Degree or diploma
High School				
College				
Graduate School				
Vocational Training				
Other				

Special training or skills (languages, machines operation, etc.) that would be of special benefit in the job for which you are applying:

Have you ever been convicted of a crime other than a minor traffic violation ? __ No __ Yes

If so, please state citation, date and place where offense occurred:

Name _____

Date _____

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Work Experience

List your most recent employer first.

1. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed _____
Reason for leaving _____ May we contact this employer? Yes No
2. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed _____
Reason for leaving _____ May we contact this employer? Yes No
3. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: starting _____ final _____
Work Performed _____
Reason for leaving _____ May we contact this employer? Yes No



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Personal References (other than family members or previous employers)

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____

Please be sure to sign and date this application. Thank you for your interest in our company.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency of citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company may terminate employment at anytime with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I hereby authorize the company to investigate my background, references, employment record and other matters related to my suitability for employment. I also authorize my former employers or any third party to disclose to the company all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release the company, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Applicant Signature _____ Date _____

Morris Printing Group, Inc. • P.O. Box 2110, Kearney, NE 68848 • 3212 E. Hwy. 30, Kearney, NE 68847

Name _____

Date _____

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