



JP Graphics Inc.
3001 E. Venture Dr.
Appleton, WI 54911

920-733-4483
Fax 920-733-1700

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY • PRINT CLEARLY • ANSWER ALL QUESTIONS

GENERAL

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			
CITY	STATE	ZIP CODE	HOME PHONE NO.
POSITION APPLIED FOR		TIME AVAILABLE FOR INTERVIEW	AVAILABLE TO START WORK?
CHECK BOX(S) FOR TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/ON CALL			REFERRED TO US BY:
IF REGULAR POSITION IS NOT AVAILABLE ARE YOU INTERESTED IN WORKING <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY/ON CALL			RATE OF PAY EXPECTED \$ _____ PER _____
Are you able to satisfy the following work schedules? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> ROTATING			List Preferred Shift: _____
WHAT EXPERIENCE, SKILLS, OR QUALIFICATIONS DO YOU FEEL WOULD QUALIFY YOU FOR WORK?			

EDUCATION

CIRCLE THE HIGHEST GRADE OR NUMBER OF YEARS COMPLETED	HIGH SCHOOL				TRADE SCHOOL			COLLEGE						
	1	2	3	4	1	2	3	1	2	3	4	5	6	7
NAME AND LOCATION OF SCHOOLS ATTENDED	YEARS ATTENDED		GRADUATE?		COURSE OF STUDY OR DEGREE EARNED	GRADE POINT AVG.								
	FROM	TO	YES	NO										
HIGH SCHOOL														
COLLEGE(S) UNIVERSITY(S), BUSINESS, TRADE OR OTHER														

LIST NIGHT SCHOOL, CORRESPONDENCE OR EXTENSION COURSES COMPLETED OR DIPLOMAS EARNED:

EXTRA CURRICULAR ACTIVITIES, CLUBS, ORGANIZATIONS, SPORTS WHILE IN SCHOOL:

MILITARY

BRANCH OF SERVICE	DATE ENTERED	DATE DISCHARGED	SERVICE RELATED SKILLS AND EXPERIENCES

EMPLOYMENT

LIST BELOW YOUR FOUR MOST RECENT EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE. IF YOU WERE EMPLOYED UNDER ANOTHER NAME, PLEASE ENTER THAT NAME IN THE RIGHT HAND MARGIN.

EMPLOYER'S COMPANY NAME	ADDRESS	SUPERVISOR	PHONE NO.	MO. & YR. STARTING
JOB TITLE	REASON FOR LEAVING			MO. & YR. ENDING
DESCRIBE JOB DUTIES				

EMPLOYER'S COMPANY NAME	ADDRESS	SUPERVISOR	PHONE NO.	MO. & YR. STARTING
JOB TITLE	REASON FOR LEAVING			MO. & YR. ENDING
DESCRIBE JOB DUTIES				

EMPLOYER'S COMPANY NAME	ADDRESS	SUPERVISOR	PHONE NO.	MO. & YR. STARTING
JOB TITLE	REASON FOR LEAVING			MO. & YR. ENDING
DESCRIBE JOB DUTIES				

EMPLOYER'S COMPANY NAME	ADDRESS	SUPERVISOR	PHONE NO.	MO. & YR. STARTING
JOB TITLE	REASON FOR LEAVING			MO. & YR. ENDING
DESCRIBE JOB DUTIES				

REFERENCES

NAME AND PLACE OF BUSINESS	ADDRESS	TELEPHONE

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of **JP Graphics Inc.** not to discriminate in hiring or terms or conditions of employment on the basis of race, color, creed, religion, sex, marital status, national origin, ancestry, sexual orientation, arrest record or handicaps unrelated to job performance. No question on this application is intended to secure information to be used for any such discrimination.

SIGNATURE SECTION

IMPORTANT – READ BEFORE SIGNING!

I certify the statements I made in this application are true and complete. I understand that any false statement or concealment or failure to answer any question fully and accurately, will be grounds for refusal to hire, or, if hired, termination of my employment.

I authorize any of the persons or organizations referenced in this application to give **JP Graphics Inc.** any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to **JP Graphics Inc.** I authorize **JP Graphics Inc.** to request and receive such information.

I understand that I must follow the policies of **JP Graphics Inc.** and that those policies may be changed at any time at the discretion of the employer without prior notice to me.

I acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without notice, at any time, at the option of **JP Graphics Inc.** or myself, I acknowledge that this is an at-will employment relationship.

I agree to submit to any lawful testing, physical or otherwise, as requestED by **JP Graphics Inc.** Such testing, physical or otherwise, may be requested prior to acceptance for employment or at any subsequent intervals after employment commences. Such testing, physical or otherwise, will be to determine my fitness to begin or continue employment with **JP Graphics Inc.**

I acknowledge that this application will remain active for no more than 1 year from the date it was made.

Signature of Applicant

Date

For Personnel Department Use Only

POSITION desired

how heard of JP Graphics:

Jobnet _____ Ads _____ W-in/C-in _____

EXPERIENCE

past employers
dates of employment
reasons for leaving

TECHNICAL SKILLS

training/experience
types/versions
how recent

PAY

pay history
rate desired/acceptable rate

EDUCATION

degree
gpa
special license

AVAILABILITY

for interviews
notice needed
shift preference 1/2/3

REFERENCES

names/title

LOCATION

drive time/mile radius

OTHER COMPANIES APPLIED TO:

other interviews

REFERRALS

COMMENTS

