

APPLICATION FOR EMPLOYMENT
Indiana Printing & Publishing Co.
Gazette Printers & Web Division

Today's Date _____

Indiana Printing & Publishing (I.P.P.) policy prohibits discrimination on the basis of age, race, color, religion, sex, national origin, citizenship or disability, in accordance with all applicable federal and state laws.

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED.

NAME AND ADDRESS

Name
Last First Middle
Current Address
Number Street
City State Zip Code
Home Telephone Number Area Code Number Work (or Message) Telephone Number Area Code Number

POSITION DESIRED

What kind of position are you applying for: _____

WORK SCHEDULE

What type of employment do you want? (Check one) ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal When could you start employment? Date _____

What is the minimum (fewest) number of hours you would consider acceptable? Per Week _____ Per Day _____ Can you work a flexible schedule? (Days scheduled and number of hours scheduled is different every week) ☐ Yes ☐ No

EMPLOYMENT STATUS

Are you currently employed? ☐ Yes ☐ No If "yes" how many jobs do you currently hold? _____ Is your intent to continue in your current job(s) if you work for IPP? ☐ Yes ☐ No
Are you available to work? ☐ Holidays ☐ Non scheduled Days ☐ Short Notice

EMPLOYMENT HISTORY

In the past 5 years How many different employers have you worked for? _____
Have you ever worked for a printing company before? ☐ Yes ☐ No If "yes:", what position(s) _____

PRESENT OR LAST EMPLOYER

1) Company _____
Address _____
Telephone No. _____
Dates Employed From: _____ To: _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Be Specific: Why Did You Leave? _____

2) Company _____
Address _____
Telephone No. _____
Dates Employed From: _____ To: _____ Last Salary _____
Last Position Held _____
Last Supervisor's Name _____
Be Specific: Why Did You Leave? _____

PERIODS OF UNEMPLOYMENT DURING THE LAST TWO (2) YEARS

All Reasons From: _____ Reason _____
Must Be Specific To: _____
From: _____ Reason _____
To: _____

EDUCATION

IF YOU ATTENDED HIGH SCHOOL

Name of High School _____

City _____

Graduated: ☐ Yes ☐ No

IF YOU ATTENDED COLLEGE

Last college attended _____

Years attended _____

Graduated? ☐ Yes ☐ No

Major course of study _____

Degree (if applicable) _____

EDUCATION AND TRAINING

Do you have any other kind of education/training ☐ Yes ☐ No

If "yes" please describe _____

BUSINESS MACHINES

Check the business machines you ☐ Computer
can operate ☐ Calculator
☐ Other? _____

OTHER INFORMATION

Driver's License Number _____
State _____ Number _____

Age, if under 18 _____
If under 18, what is your
date of birth? _____

Have you ever been convicted ☐ Yes ☐ No

of crime or violation other
than a minor traffic violations? _____
If "yes" list all convictions,
stating date, nature of offenses
and where they occurred.* _____

Can you perform the essential
functions for the job
applied for?* ☐ Yes ☐ No

*A conviction will not automatically disqualify you from employment

*Minimum lifting may be required.

PERSONAL REFERENCES

(Give names of 2 persons, not
relatives or former
employers, who have known
you for 5 years or more)

| | |
|-----------------------------|-----------------------------|
| Name _____ | Name _____ |
| Current Address _____ | Current Address _____ |
| City/State/Zip _____ | City/State/Zip _____ |
| Home Telephone Number _____ | Home Telephone Number _____ |
| Number of Years Known _____ | Number of Years Known _____ |

CONDITIONS OF EMPLOYMENT

Indiana Printing & Publishing sets high standards for its associates. We require compliance with these standards as a condition of employment. You need to carefully consider what will be required, before accepting a position with us. As an employee, you would be expected to comply in full. You need to know and understand that Indiana Printing & Publishing will require you to comply with performance and behavior standards which are subject to change at the discretion of management.

ALL APPLICANTS — Please read the following and address any questions to Human Resources Representative before signing below:

I acknowledge that in connection with my application for employment, promotion or reassignment with Indiana Printing & Publishing, an investigative consumer report or other inquiry may be made as to my character, general reputation, personal characteristics and mode of living. If a report is made, I have been advised further that upon written request within a reasonable time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the Human Resources department where this application is made.

I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information pertinent to my employment and release the same from any liability resulting from providing such information. Indiana Printing & Publishing has my permission to make said inquiries and I hereby release Indiana Printing & Publishing from any liability in making said request or in relying on the information received.

I understand that satisfactory reports are a condition of my employment with Indiana Printing & Publishing. I further understand that my employment with Indiana Printing & Publishing will be terminated if management determines that said reports are unsatisfactory.

I also acknowledge that from time to time Indiana Printing & Publishing may be required to submit certain information with regard to my employment or application for employment. I hereby release the Company, its agents, assigns and subsidiaries from any liability resulting from submitting such information.

I understand that I am employed, employment is not for a stated period. Either Indiana Printing & Publishing or I may discontinue the employment relationship at any time without cause or notice. Only the Publisher or Co Publisher of Indiana Printing & Publishing has the authority to enter into an agreement contrary to the foregoing, and then such agreement must be in writing and signed by the Publisher and Co Publisher and the associate. No

other practice, written or oral policy or statement by any one, including personnel, can alter this "at will" employment relationship. There is a 90 day probationary period.

I acknowledge that Indiana Printing & Publishing may request either prior to and/or after employment that I undergo drug testing and may request after an offer has been made, a medical exam. I consent and agree to any such exam. If required, now or in the future. I understand that when pre employment drug testing is required, a satisfactory result is a condition of employment with Indiana Printing & Publishing.

I hereby certify that all statements and answers made on this Employment Application are complete and true. I understand that if subsequent to employment any of such statements and/or answers are found to be false or that information is omitted such false statements or omissions will result in termination of my employment.

Applicant's Signature

Date