

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

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 Social Security No. _____

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

Are you available to work? Holidays Non-scheduled Days Short Notice

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

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.* _____

*A conviction will not automatically disqualify you from employment

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

*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 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 is 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 anyone, 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 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 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