

Additional Information

Other Qualifications/Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience and any additional information you feel may be helpful to us in considering your application.

Specialized Skills Check Skills/Equipment Operated

Computer:	General:	Press Equipment:	Bindery Equipment:
<input type="checkbox"/> PC <input type="checkbox"/> Mac			
___ Quark ___ Freehand	___ Plate Proofing	_____	_____
___ Photoshop ___ Illustrator	___ Plate Making	_____	_____
___ InDesign ___ Creative Suite	___ Mail Handling/Prep	_____	_____
___ Scanning ___ Excel	___ Other _____	_____	_____
___ Word			

Applicant's Statement

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge if I am hired, regardless of when discovered. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING BY AN OFFICER OF THE COMPANY.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify the Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date



14112 Industrial Road
Omaha, NE 68144
(402) 593-1080

Application For Employment

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, gender, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law. This application will remain active for 90 days.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential functions of the position sought.

(Please Print)

Position(s) Applied For		Salary Range _____ per hr. to _____ per hr.	Date of Application ____/____/____	
How Did You Learn About Us?				
<input type="checkbox"/> Employee (Name) _____		<input type="checkbox"/> Advertisement in _____		
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other: _____
Last Name		First Name	Middle Name	
Address	Number	Street	City	State ZIP
Telephone Number(s)		In Case of Emergency Please Notify _____ (name)		Social Security Number
		1. Phone: _____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C		
		2. Phone: _____ <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C		

Are you 18 years of age, or older? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Have you ever been employed under any other name? Yes No

If Yes, give name _____

Have you ever been discharged from employment? Yes No

If so, why? _____

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of employment eligibility will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Do you prefer to work: First Shift 2nd Shift 3rd Shift On-Call No Preference

Are you currently on "lay-off" status? Yes No

Are you subject to recall from "lay-off"? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: Where: _____ When: (____ / ____ / ____) Charge: _____ Sentence: _____
(Disclosure of a criminal record will not necessarily disqualify you from employment. Each conviction or guilty plea will be evaluated on its own merits with respect to time, circumstances and seriousness in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of employment if already hired, regardless of when discovered.)

Education

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate for example, race, color, religion, sex, disability or national origin.

	Name and Address of School	Course of Study	Years Completed	Type of Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Describe any specialized training, apprenticeship and skills.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job and provide experience going back for a minimum of 7 years. With regard to employment experience dating back further than 7 years, please provide only job-related experience. Include any military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disability or other protected status. Incomplete information may eliminate you from consideration.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

OFFICE USE ONLY
