

Application for Employment



14112 Industrial Road
Omaha, Nebraska 68144-3332
402.593.1080 | 888.593.1080
www.printcographics.com

Printco Graphics, Inc. is an Equal Opportunity Employer

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. 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.

Application will remain on file for 90 days.

Please Print

Position of Interest: _____ Date: _____

Full Name: _____
LAST FIRST MIDDLE INITIAL

Preferred Name: _____

Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____

Email: _____

Position(s) Applied for: _____

Desired Salary: ☐ Annually ☐ Hourly \$ _____ Date of Availability: _____

Desired Hours (select all that apply): ☐ Full Time ☐ Part Time ☐ Temporary

Desired Shift (select all that apply): ☐ 1 ☐ 2 ☐ 3 ☐ On-Call

Additional Information

How did you hear about us? _____

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

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your present employer? ☐ Yes ☐ No

Have you ever been employed by Printco? ☐ Yes ☐ No

If yes, when? _____

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

If yes, list: _____

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

If yes, are you subject to recall from lay-off? _____

Are you willing to travel? ☐ Yes ☐ No

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

If yes, explain: _____

Educational Background

High School: _____ City, State: _____

Course of Study: _____

Years Completed: _____ Graduation Date: _____

College: _____ City, State: _____

Course of Study: _____

Years Completed: _____ Graduation Date: _____

Vocational Training/Other: _____ City, State: _____

Course of Study: _____

Years Completed: _____ Graduation Date: _____

Special Training & Skills

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

Describe your work experience with software specific to the job you are applying for: _____

Describe your work experience with equipment specific to the job you are applying for (if applicable, include equipment models and specs): _____

Military Service

Have you been, or are you currently in, the US Military? ☐ Yes ☐ No

If yes, what branch? _____

From: _____ To: _____

Describe any job-related training you received: _____

Job Experience

Please check mark employers we may contact. List your most recent employer first, going back a minimum of 7 years.

☐ Employer: _____ Job Title: _____
Address: _____
STREET CITY STATE ZIP CODE
Phone: _____ Dates employed: From (mm/yy) _____ To (mm/yy): _____
Supervisor: _____ Reason for Leaving: _____
Job Duties/Work Performed: _____

☐ Employer: _____ Job Title: _____
Address: _____
STREET CITY STATE ZIP CODE
Phone: _____ Dates employed: From (mm/yy) _____ To (mm/yy): _____
Supervisor: _____ Reason for Leaving: _____
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Phone: _____ Dates employed: From (mm/yy) _____ To (mm/yy): _____
Supervisor: _____ Reason for Leaving: _____
Job Duties/Work Performed: _____

References

Name: _____

Title: _____

Relationship to you: _____ Telephone: _____

Email: _____ Years Known: _____

Name: _____

Title: _____

Relationship to you: _____ Telephone: _____

Email: _____ Years Known: _____

Applicant's Statement

Please carefully read the following terms and conditions that affect your application and potential employment with Printco Graphics, Inc., from here referred to as Printco.

These answers are true and complete to the best of my knowledge. Printco 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 Printco 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 Printco, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required. I authorize Printco 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 Printco against any liability that might result from making such investigation.

I understand that disclosure of a criminal record will not necessarily disqualify me 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 I am applying. Failure to disclose any such information may result in disqualification of your application or termination of employment.

Additionally, I authorize Printco 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 Printco deems appropriate. Proof of employment eligibility will be required upon employment.

Signature of Applicant: _____ **Date:** _____