

Publisher of New England Showcase Magazine

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An equal opportunity employer

## APPLICATION FOR EMPLOYMENT

Date					
PERSONAL INFORMA	AHON				
Name					
	First	Middle	Last		
Current address					
Current address	Street	City	Stat	е	Zip
Dormanant address (15 1155)					
Permanent address (if different	nt from above)	Street	City	State	Zip
Daytime telephone	me telephone Evening telephone				
F 1 11					
Email address					
EMPLOYMENT DESIR	ED				
Position					
Date available to start		Salary desi	red		
Are you employed now?	☐ Yes ☐ No If yes, whe	n would you be ava	ilable to work?		
Have you ever applied to I	Howard Printing before?	☐ Yes ☐ No If yes	s, when?		
How were you referred to	Howard Printing?				
☐ Employment agency		□ Colle	ege placement service		
☐ Newspaper advertisemen	ment				
☐ Online advertisement		Frien	d		
☐ State employment office		Othe	r (please indicate)		

## **EDUCATION** 1) Name & location of high school Years attended\_\_\_\_\_\_ Diploma or type of degree earned\_\_\_\_\_ 2) Name & location of college or trade school \_\_\_\_\_ Years attended\_\_\_\_\_\_ Type of degree earned \_\_\_\_\_ 3) Name & location of graduate school \_\_\_\_\_ Years attended\_\_\_\_\_\_ Type of degree earned \_\_\_\_\_ Other special study, training, certifications, or skills: **EMPLOYMENT HISTORY** Please provide information on your last three employers, starting with your current/most recent one. 1) Employer name Address \_\_\_\_\_ Telephone\_\_\_\_\_\_ Starting date\_\_\_\_\_ Leaving date \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Job title Responsibilities\_\_\_\_\_ Name and title of supervisor\_\_\_\_\_ May we contact this employer? ☐ Yes ☐ No 2) Employer name\_\_\_\_\_ Address \_\_\_\_\_ Street City State Telephone Starting date Leaving date Reason for leaving \_\_\_\_\_ Job title Responsibilities\_\_\_\_\_ Name and title of supervisor\_\_\_\_ May we contact this employer? ☐ Yes ☐ No 3) Employer name Address \_\_\_\_\_ Street City State Starting date Leaving date Telephone Reason for leaving \_\_\_\_\_ Job title Responsibilities\_\_\_\_\_

Name and title of supervisor\_\_\_

May we contact this employer? ☐ Yes ☐ No

## ADDITIONAL INFORMATION Are you at least 18 years of age? ☐ Yes ☐ No Do you certify that you are a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ☐ Yes ☐ No Do you possess a valid driver's license? ☐ Yes ☐ No Have you ever been fired from a job or resigned to avoid dismissal? ☐ Yes ☐ No If yes, please explain. Have you ever served in the Armed Forces? ☐ Yes ☐ No If yes, please indicate dates and branch of active duty. REFERENCES Please list below the names and telephone numbers of three personal/professional references who are not relatives, employers, or people already listed on this application. 1) Name\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_ How do you know this person? \_\_\_\_\_\_ Years Acquainted\_\_\_\_\_ **2)** Name\_\_\_\_\_\_ Telephone \_\_\_\_\_\_ How do you know this person? \_\_\_\_\_\_ Years Acquainted\_\_\_\_\_ 3) Name Telephone How do you know this person? \_\_\_\_\_\_ Years Acquainted\_\_\_\_\_ AUTHORIZATION/ACKNOWLEDGEMENT I certify that all information submitted by me on this application is true, accurate, and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification, and that any false information, omissions, or misrepresentation may cause my application to be rejected or, if I am employed, may cause my employment to be terminated at any time. I authorize Howard Printing to contact the references provided and employers indicated for reference checks.

Date

Signature