



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name (Last, First M.I.);		Today's date (MM/DD/YYYY);	
Position(s) applying for or type of work desired;		How did you find out about the position?	
Address;			
_____ Street		_____ City	_____ State
			_____ Zip Code
Telephone number;		Type of employment desired; Full time Part time Temporary	
Date available to start work (MM/DD/YYYY);		Are you able to meet attendance requirements? Yes No	
Do you have any objection to working overtime if necessary? Yes No		Can you travel if required by this position? Yes No	
Are you 18 years old or older? Yes No		Can you submit proof of legal employment authorization and identity? Yes No	
Have you worked/applied for Page 1 Printers before? Yes(Date) No		Do you have a valid and current driver's license? Yes No	

Employment History (Enter employment information from your past employers, starting with the most recent)

Employer;		Position held;	
Address;			
_____ Street		_____ City	_____ State
			_____ Zip Code
Immediate supervisor and title;		Telephone number;	
Dates employed (MM/DD/YYYY) From; Ended;		Salary;	
Job Summary;			
Reason for leaving;			

Employer;	Position held;		
Address;			
Street		City	State Zip Code
Immediate supervisor and title;		Telephone number;	
Dates employed (MM/DD/YYYY) From; Ended;		Salary;	
Job Summary;			
Reason for leaving;			

Employer;	Position held;		
Address;			
Street		City	State Zip Code
Immediate supervisor and title;		Telephone number;	
Dates employed (MM/DD/YYYY) From; Ended;		Salary;	
Job Summary;			
Reason for leaving;			

Employer;	Position held;		
Address;			
Street		City	State Zip Code
Immediate supervisor and title;		Telephone number;	
Dates employed (MM/DD/YYYY) From; Ended;		Salary;	
Job Summary;			
Reason for leaving;			

Other Skills and Qualifications (Summarize any job-related training, skills, certificates, and/or other qualifications);

Educational History

High School; _____

College; _____

Technical Training; _____

Other; _____

References(List three references' names, telephone numbers and years known (do not include relatives or employers);

Name (Last, First)	Telephone number	Years known
Name (Last, First)	Telephone number	Years known
Name (Last, First)	Telephone number	Years known

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature

Date(MM/DD/YYYY)

Applicants can email their completed forms to agoddard@page1printers.com or send them to the following address;

Page 1 Printers
Attention: Production Mgr.
1929 Engebretson Street
Slayton, MN 56172