

Application For Employment



Lewisburg Printing Company

Name _____ Date _____
 Address _____
 Telephone _____ Type of work you desire _____

Are you 18 years of age or older? _____
 Social Security No. _____
 Marital Status _____ Birth Date _____
 No. of Dependents _____

EDUCATION
(Circle last year completed)

High School: 1 2 3 4 Year left: _____
 Major subjects: _____
 College: 1 2 3 4 Year left: _____
 Degree: _____
 Major subjects: _____
 Business or trade school: _____ Year left: _____
 Major subjects: _____

How long have you lived at your present address? _____
 Salary you anticipate? _____
 Have you worked here before? _____
 When? _____
 Department: _____
 Why did you leave? _____
 Names of relatives working here: _____ Relationship: _____
 Have you ever been convicted of a law violation? _____
 If so, state disposition of case: _____

If you have received any special training which would qualify you for a particular job, please specify: _____

 What machinery, other than business machines, can you operate efficiently? _____

 Check the business applications you have experience with:
 Microsoft Word Pagemaker
 Excel or Lotus Quark Xpress
 Database Adobe Illustrator
 Personal Info Manager Adobe Photoshop
 Other _____
 Typing Speed: _____

MILITARY SERVICE

Branch of service _____
 Date in _____ Date out _____
 Rank _____ Type of discharge _____
 Reserve or selective service status _____

REFERENCES		
Name	Address	Occupation

Employment Record

List below all present and previous employment beginning with the most recent

Name and Address of Employer	From	To	Salary	Reason For Leaving	Describe In Detail What You Did
	Mo. Yr.	Mo. Yr.			
	Mo. Yr.	Mo. Yr.			
	Mo. Yr.	Mo. Yr.			
	Mo. Yr.	Mo. Yr.			

The above statements are correct to the best of my knowledge and belief, no attempt having been made by me to conceal pertinent information. I hereby authorize Lewisburg Tribune, Inc. to inquire concerning my record from former employers and personal references. I understand that false and misleading information given by me in connection with the above may result in the revocation of this application and/or dismissal from employment; and I agree to hold Lewisburg Tribune, Inc. and persons named herein blameless in that event.

Signature of Applicant _____ Date _____

FOR THE USE OF THE PERSONNEL DEPARTMENT ONLY

Name	Date	Given By	Results	Disposition of Application
				Interviewed By _____ Date _____ Referred to _____ Date _____ Comments: _____

LEWISBURG PRINTING COMPANY, MARCO PRINTNG COMPANY LEWISBURG, TN 37091

Statement of Release

I hereby authorize Lewisburg Tribune, Inc., Lewisburg Printing Company or Marco Printing Company, or any representative authorized by them, to seek information for consideration of my employment. I authorize any company, school, governmental agency, law enforcement agency, financial institution, credit reporting agency or any person to whom such an inquiry may be made to give answers and/or credit reports, and I release such entities from any and all claims, damages, and rights of action that may arise from such inquires, answers or results.

This authorization includes the release of any and all information kept by any pertinent party in their possession or control, now or in the future, pertaining to the application for employment or the employment of the undersigned, including time records, payroll/benefits records, attendance records, accident reports, worker's compensation claims, job evaluations and any other employment information. I also authorize the release of any information requested regarding facts or opinions of my employment, experience, and qualifications and/or suitability for employment.

I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, this release is valid until revoked in writing and a copy or fax of this authorization is as valid as the original and should be recognized as such.

Name (please print)

Address

City, State, Zip Code

Social Security Number

Drivers License (State, Number and Expiration Date)

Signature

Date

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if employed, no matter when discovered by LPC.

Date _____ Signature _____