



Application for Employment

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Date:
Street Address:	City, State & Zip:	Date Available to work:
Social Security Number:	Home Phone:	Work Phone:
		Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current employee at Christensen Printing & Publishing LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?
Have you ever been employed by Christensen Printing & Publishing LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
How did you learn about this employment opportunity? Check all that apply:		
<input type="checkbox"/> Ad in Newspaper <input type="checkbox"/> Job Bulletin (Posting) / Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor		
<input type="checkbox"/> Referral by employee. By who? _____		
<input type="checkbox"/> Other: _____		

EDUCATION

Name of School	City/State	Did you graduate?	Number of years completed.	Major	Degree received
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SKILLS

- Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE

- Please detail your most recent work history. PLEASE DO NOT complete this information with the notation "See Resume."

Dates Employed (most recent position) From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Title:
To:	If part-time, # hrs./wk:	
Starting Salary: \$	Organization Name and Address:	
Final Salary: \$		
Supervisor's Name and Title	Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Title:
To:	If part-time, # hrs./wk:	
Starting Salary: \$	Organization Name and Address:	
Final Salary: \$		
Supervisor's Name and Title	Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Title:
To:	If part-time, # hrs./wk:	
Starting Salary: \$	Organization Name and Address:	
Final Salary: \$		
Supervisor's Name and Title	Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		Reason for Leaving:

REFERENCES

– Please list three professional references

Name	Title	Company Name and Address	Phone Number

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Christensen Printing & Publishing LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Christensen Printing & Publishing LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Christensen Printing & Publishing LLC Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____