

Application for Employment



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independentinc.com

PLEASE PRINT

The position being applied for must be specified. This application is current for only 60-days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application. If any requested information does not fit your experience write none in that space. Do not leave any blank spaces.

Position(s) Applied For _____ Date of Application ____/____/____

Type of employment desired: Full Time Part time Temporary Seasonal Educational Co-Op

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source(If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip

Contact Number _____ (Home) _____ (Cell)

If necessary, best time to call you at home is: _____

Are you 18 years of age or older _____

Have you ever been employed by Ennis, Inc. or subsidiary before? _____

If yes, please give date _____ From ____/____/____ TO ____/____/____

Are you legally eligible for employment in the United States? _____
(Proof if U.S. Citizenship or immigration status will be required before employment) **We E-Verify**

Date Available to start work _____ / ____/ ____

Are you on lay-off and subject to recall? _____

Will you relocate if job requires it? _____ Will you travel if job requires it? _____

Are you able to meet the attendance requirements of the position? _____

Are you willing to work overtime if required? _____

Have you ever been convicted of a felony including theft or assault in the past? _____
(Such conviction may be relevant if job related, but does not bar employment.)

If YES, please explain: _____

Driver's license number (if required by job) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Phone Number	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title			Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
			Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Phone Number	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title			Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
			Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Phone Number	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title			Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
			Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer	Phone Number	Dates Employed		Summarize the nature of the work performed and job responsibilities.
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Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title			Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
			Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company:

Educational Background

A. List last three schools attended, *starting with most recent*. **B.** List number of years completed.
C. Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and
E. Major and minor field of study (if applicable).

A. School	B. No. of Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

References

List names and telephone number of three business/work references who are *not* related to you.
If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List special accomplishments, publications, awards, (Exclude information which would reveal gender, ethnicity, religion, national origin, age, disability or other protected status.) _____

List any additional information you would like us to consider: _____

Applicants are considered for all open positions at location and employees are treated during employment, without regard to ethnicity, 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 accommodations to certain known disabilities of applicants, 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.

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered. I agree to immediately notify the Company if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending or during my period of employment, if hired. If my job duties include driving on Company business I agree to notify the Company if I am convicted of reckless driving or driving under the influence of drugs or alcohol.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between the company and me is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company 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 this Company against any liability which might result from making such investigation. After an offer of employment has been made and accepted I understand I will be required to complete a Form I-9 and the Company will use E-Verify to determine my eligibility to work.

Additionally, I authorize the Company 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 the Company deems appropriate.

Signature of Applicant: _____ Date _____
(DO NOT WRITE BELOW THIS LINE)

Interviewed By: _____ Date _____

Comments: _____

Interviewed By: _____ Date _____

Comments: _____

Starting Date: _____ Starting Salary _____

Department: _____ Position: _____

Supervisor's Signature: _____ Date: _____
