



**PRIORITY PRESS**  
SERVING YOU IS OUR TOP PRIORITY™

## Application for Employment

We make every effort to attain, train, retain, and promote Priority Press employees on the basis of individual qualifications and contributions to the company – regardless of race, color, creed, religion, national origin, disability or age. A resume may be submitted, but will not be accepted in place of this application. All questions must be completed in full.

**Please Print**

Last Name	First Name	Middle Name
Address	Number	City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative Referral _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In _____ <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

<b>Shift Preference</b>	Are you able to work weekends?    Yes    No
1 <sup>st</sup> Shift    2 <sup>nd</sup> Shift    3 <sup>rd</sup> Shift    Any Shift	
Available for:    Full Time    Part Time    Temp	Are you able to travel if required?    Yes    No
Date Available:	Can you work overtime if asked?    Yes    No
Desired Wage:	Are you able to perform the duties of the job for which you are applying?    Yes    No
Will you work in a part time position while being considered for full time?    Yes    No	Are you able to routinely lift 50lbs?    Yes    No

**Priority Press is an Equal Opportunity Employer and Drug Free Workplace**

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before?	Yes	No
	<i>If yes, Date:</i>	
Have you ever worked at a Priority Group company?	Yes	No
	<i>If yes, Date:</i>	
Do you have friends or relatives in our employment?	Yes	No
	<i>If yes, Who:</i>	
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
<i>Proof of citizenship of immigration status will be required upon employment.</i>		
On what date would you be available for work?	<i>Date:</i>	
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No
Have you been convicted of a crime?	Yes	No
<i>Conviction will not necessarily disqualify an applicant from employment.</i>		

If yes, please explain: \_\_\_\_\_

**Personal References** *(Not Former Employers or Relatives)*

Name and Occupation	Address	Phone Numbers
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Military Service Record**

Have you ever been a member of the US Armed Forces? Yes No

If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Were you honorably discharged? Yes No

Rank at discharge: \_\_\_\_\_

Please list duties in the service including special training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a member of the National Guard? Yes No

Are you a member of the Reserve? Yes No

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

<b>1.</b> Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)		<b>Hourly Rate/Salary</b>	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

<b>2.</b> Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)		<b>Hourly Rate/Salary</b>	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

<b>3.</b> Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)		<b>Hourly Rate/Salary</b>	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper.**

Is there any particular employer you do not want us to contact? Please provide reason: \_\_\_\_\_

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Please provide detailed explanation for any gaps in employment above: \_\_\_\_\_

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### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### Educational History

	High School	Vocational/Technical	College/University	Other
<b>School Name and Location</b>				
<b>Years Completed</b>	9   10   11   12	1   2   3   4	1   2   3   4	1   2   3   4
<b>Diploma / Degree</b>				
<b>Describe Course of Study</b>				

Indicate any foreign languages you can speak, read and/or write			
	Fair	Good	Fluent
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

Please describe any computer skills or machinery you can proficiently operate.

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Are there any other experiences, skills, or qualifications which you feel would reflect your ability to do the job for which you are applying (extra curricular activities, memberships, offices held, hobbies, etc)? You may exclude any organizations or activities that reflect race, color, religion, sex, national origin, marital status of other protected status)

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Briefly describe what Customer Service means to you.

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State any additional information you feel may be helpful to us in considering your application

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**THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS REGARDING THOSE RIGHTS, PLEASE ASK THEM BEFORE YOU SIGN THIS APPLICATION. IF YOU DO NOT ASK, WE WILL INTERPRET THIS AS YOU FULLY UNDERSTAND THE LANGUAGE SET FORTH BELOW. THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR TWELVE (12) MONTHS FROM THE DATE FILED. IF YOU ARE HIRED, YOU UNDERSTAND THAT THIS BECOMES PART OF YOUR OFFICIAL EMPLOYMENT RECORD. PLEASE READ CAREFULLY AND INITIAL EACH SECTION INDICATING THAT YOU HAVE READ AND FULLY UNDERSTAND THE FOLLOWING ITEMS:**

\_\_\_\_\_ I understand that the Company maintains a drug free workplace and that a policy is available for review upon request. I may be required to submit to a drug/alcohol test and may under go a post job offer medical examination, designed to determine my suitability for the position for which I am being considered. Additionally, from time to time, I may be required to take subsequent tests during the course of my employment and consent to such post job offer and post hire testing. I authorize any physician or hospital to release information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to my employment or if hired, during my employment with the Company. I understand that the drug test results are the property of the Company. I understand that, subject to applicable law, the Company reserves the right to judge the acceptability of any test results.

\_\_\_\_\_ I attest that all the information I have supplied on this application, and any other information, oral or written is true and accurate. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, a withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.

\_\_\_\_\_ I hereby authorize the Company, its agents or assigns, to verify any information provided in this application and I authorize my past employers, current employer (unless otherwise noted on this application), schools, or any other persons to answer all questions concerning my ability, character, reputation, previous employment record and provide any other relevant information or opinion that may be useful to the Company in making a hiring decision. I agree to hold the Company and any such persons and organizations harmless and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ I understand that employment at the Company is **at will** and that this application and any other Company documents are not contracts of employment, and anyone who is hired may voluntarily leave employment, and may be terminated by the employer at any time and for any reason or no reason. I understand that any oral or written statements to the contrary are expressly disavowed.

\_\_\_\_\_ I understand and agree that, if hired, my employment may be terminated at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of termination.

\_\_\_\_\_ I understand that the Company may conduct a criminal background, a driver's license report, a credit investigation and will check my references and I authorize them to do so.

\_\_\_\_\_ I understand that work schedules may vary and can be unpredictable, and that as such I may be required to work different shifts, weekends, or over time.

\_\_\_\_\_ I will be required to comply with the policies and protocols set forth in the Company's Employee Handbook.

\_\_\_\_\_ The Company reserves the right to amend, change, and/or modify the policies and protocols set forth in its handbook, with or without prior notice.

**I HAVE READ AND FULLY UNDERSTAND AND AGREE TO COMPLY WITH ALL STATEMENTS AND CONDITIONS SET FORTH IN THIS APPLICATION.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name