

Memory Book Acquisition, LLC



PrintLynx



Working Together for Excellence

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accomodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position Applied For: _____ Date of Application: _____

Name: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Mobile/Pager/Other: _____

How were you referred to our organization? _____

Type of work desired: _____ Salary desired: _____

If hired, can you provide written evidence that you are authorized to work in the United States? Yes No

If under 18 years of age, can you, after employment, submit a work permit? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

Date available for work: _____

Type of employment desired: Full Time Part Time Peak/Seasonal

Shift availability: 1st Shift 2nd Shift Weekend

Have you been convicted of a felony in the last seven (7) years? _____

If yes, please explain: _____

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

References (Do not include relatives)

NAME	TELEPHONE	OCCUPATION	YEARS KNOWN
1.	()		
2.	()		
3.	()		
4.	()		

Is there any information we would need about your name or use of another name for us to be able to check your work record? Yes No

Please specify. _____

Employment History

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, or other protected status. If you need additional space, please continue on a separate piece of paper. Please fill out completely, do not use "see resume."

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR/TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ Per _____ Final \$ _____ Per _____	

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Educational Background

NAME AND LOCATION	YEARS COMPLETED	COURSE OF STUDY	DID YOU GRADUATE?	
High School			Yes	No
College		Major Degree	Yes	No
Other			Yes	No

Technical Skills

Please check the items in which you have experience or training

PRINTING BACKGROUND	HOW LONG?	BINDERY	HOW LONG?	SOFTWARE CONT'D	HOW LONG?
Instant		Copy Machine		Adobe InDesign	
Commercial		Folder		Adobe Illustrator	
Other		Collator		Word	
PRE PRESS	HOW LONG?	Stitcher		Excel	
Layout		Trimmer		Other Software?	
Stripping		Numbering Machine		Scanners	
Itek Camera		PERSONAL COMPUTERS	HOW LONG?	Imagesetters	
Process Camera		PC		PRINTING BACKGROUND	HOW LONG?
Darkroom		Macintosh		Customer Service	
PRESS	HOW LONG?	Other		Sales	
Single Color Offset		SOFTWARE	HOW LONG?	Reception	
Two/More Colors Offset		Adobe PageMaker		Other	
Brand?		Quark Xpress			
Plate Size?		Adobe Photoshop			

U.S. Military Service

Have you ever had any job-related training in the United States Military? Yes No
 If yes, please explain:

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Applicants Statement

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accomodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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

Signature of Applicant _____ **Date** _____

Applicants, please do not write below this line

Date Received _____ File: ___ Possible ___ No			Seasonal	Part-Time	Full-Time
Interviewed By:	Date	Position	Position _____		
1.	_____	_____	Start Date _____	End Date _____	Agency: _____
2.	_____	_____	Start Date _____	End Date _____	Agency: _____
3.	_____	_____	Start Date _____	End Date _____	Agency: _____
Interview Remarks:	_____		Start Date _____	End Date _____	Agency: _____
	_____		Start Date _____	End Date _____	Agency: _____
	_____		Start Date _____	End Date _____	Agency: _____
Overall Recommendation:	_____ Possible	_____ No	Start Date _____	End Date _____	Agency: _____
Dept. Suggestions: _____					