Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected class.

Instructions: Please complete the following information. Applications must specify job for which you are applying. The application must be completely filled out and signed. E-mail the completed application and any additional files by clicking the "E-mail Form" button at the bottom of page 2.

Name	Today's Date	sch
Phone		
Address		\mathbf{N}
City/State/Zip		
Position Applied For (Be Specific)		MO PUBL
Shift Preferred: 🔲 1 🔲 2		
Would you accept full time work? 🗋 Yes 🗋 No	Would you accept part-time work? 🗖 Yes 🔲 No	12
On what date would you be available for work?		
Have you been employed here before? 🗋 Yes 🔲 No	Date Position Held	MO
What is your desired salary range?		PR
Are you legally eligible for employment in the United	d States? 🗋 Yes 🔲 No (if yes, proof is required)	

Are you the age of 18 or over?
Yes No

Educational Background

School	Name and location	Course of Study	Years Completed	Degree or diploma
High School				
College				
Graduate School				
Vocational Training				
Other				

Special training or skills (languages, machines operation, etc.) that would be of special benefit in the job for which you are applying:









Date

For official use only

Work Experience

List your most recent employer first.

Employer		Phone	MORF
Address			printing gr
		Supervisor	
Dates Employed: from	to	_ Hourly rate/salary: starting final	COOKBO
			. 🔉
Reason for leaving		May we contact this employer? 🗋 Yes 📋 No	sch
. Employer		Phone	
Address			
Job Title		Supervisor	MORR
Dates Employed: from	to	_ Hourly rate/salary: starting final	FUDLISHI
Work Performed			111-
Reason for leaving		May we contact this employer? 🗋 Yes 📋 No	
. Employer		Phone	MORR
Address			PRES
Job Title		Supervisor	
Dates Employed: from	to	_ Hourly rate/salary: starting final	Nam
Work Performed			1e
Reason for leaving		May we contact this employer? 🗋 Yes 📋 No	
Deveenel De	foren		
Personal Re	elerenc	es (other than family members or previous employers)	
. Name		Phone	
		Phone	For official use
. Name			<u></u> ∰

I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company may terminate employment at anytime with or without cause. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I hereby authorize the company to investigate my background, references, employment record and other matters related to my suitability for employment. I also authorize my former employers or any third party to disclose to the company all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. I hereby release the company, former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

Applicant Signature

_ Date _

Date

Morris Printing Group, Inc. • P.O. Box 2110, Kearney, NE 68848 • 3212 E. Hwy. 30, Kearney, NE 68847 Copyright © 2015 Morris Printing Group, Inc.