



EMPLOYMENT APPLICATION

Confidential Application for Employment
 (Mercury Print Productions is an equal opportunity employer)

Date: _____

Federal and State laws prohibit discrimination in employment because of gender, age, race, color, religion, marital status, national origin, citizenship, veteran status, disability, arrest records, genetic predisposition of carrier status, political activities and legal activities conducted outside of work hours.

Name: _____ Telephone: () _____
 (First) (Middle Initial) (Last)

Present address: _____
 (Street) (City) (State) (Zip Code)

Position(s) applied for: _____ **Date you can start:** _____

Have you ever worked for this company before:

Yes No When: _____ Supervisor: _____

Highest grade completed:

1 2 3 4 5 6 7 8 - Grade School, 9 10 11 12 - High School, 1 2 3 4 - College

Name of school last attended: _____

License, Vocational or Trade Training: _____

EMPLOYMENT RECORD (PLEASE LIST ALL PREVIOUS EMPLOYMENT AND BEGIN BY LISTING YOUR LAST OR PRESENT EMPLOYMENT FIRST)

NAME	TIME EMPLOYED FROM TO MO./YR. MO./YR.	BRIEFLY DESCRIBE YOUR DUTIES AND WORK EXPERIENCE
ADDRESS		
TELEPHONE NUMBER		
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING
NAME	TIME EMPLOYED FROM TO MO./YR. MO./YR.	BRIEFLY DESCRIBE YOUR DUTIES AND WORK EXPERIENCE
ADDRESS		
TELEPHONE NUMBER		
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING
NAME	TIME EMPLOYED FROM TO MO./YR. MO./YR.	BRIEFLY DESCRIBE YOUR DUTIES AND WORK EXPERIENCE
ADDRESS		
TELEPHONE NUMBER		
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING

EMPLOYMENT RECORD (CONTINUED)

NAME	TIME EMPLOYED FROM TO MO./YR. MO./YR.	BRIEFLY DESCRIBE YOUR DUTIES AND WORK EXPERIENCE
ADDRESS		
TELEPHONE NUMBER		
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING

NAME	TIME EMPLOYED FROM TO MO./YR. MO./YR.	BRIEFLY DESCRIBE YOUR DUTIES AND WORK EXPERIENCE
ADDRESS		
TELEPHONE NUMBER		
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING

May we contact your present employer at this time? Yes No

List the names of three persons not related to you, whom you have known professionally at least three years:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Years Known</i>

List the names of any persons related to you, already employed at Mercury Print Productions, Inc.:

<i>Name</i>	<i>Relationship</i>	<i>Department</i>

I UNDERSTAND THAT MY EMPLOYEMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AT ANY TIME, AT EITHER MY OPTION OR THAT OF THE COMPANY. I UNDERSTAND THAT NO MANAGEMENT REPRESENTATIVE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR CONTINUING EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OF WHICH IS CONTRARY TO THE FOREGOING WITHOUT WRITTEN APPROVAL OF THE COMPANY. I GIVE THE COMPANY PERMISSION TO CONTACT ALL OR ANY OF MY PREVIOUS EMPLOYERS AND REFERENCES AND AUTHORIZE THEM TO DISCLOSE ANY INFORMATION THE COMPANY MAY REQUEST IN THE COURSE OF ITS INVESTIGATION OF THIS APPLICATION FOR EMPLOYMENT, AND I HEREBY RELEASE THE COMPANY AND SUCH REFERENCES AND PRIOR EMPLOYERS FROM ANY AND ALL LIABILITY WITH RESPECT TO SUCH DISCLOSURES. AFTER A TENTATIVE OFFER OF EMPLOYMENT HAS BEEN MADE, I AGREE TO TAKE A PRE-EMPLOYMENT DRUG SCREEN TEST AT NO PERSONAL EXPENSE AND AUTHORIZE THE MEDICAL FACILITY TO DISCLOSE THE FINDINGS TO THE COMPANY. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINUED UPON RECEIPT OF SATISFACTORY REFERENCES AND SATISFACTORY RESULTS OF THE DRUG SCREEN TEST.

I ALSO UNDERSTAND THAT I MAY BE REQUESTED AT ANY SUBSEQUENT TIME DURING MY EMPLOYMENT WITH THE COMPANY TO SUBMIT TO DRUG AND/OR ALCOHOL TESTS, AT THE COMPANY'S EXPENSE. I UNDERSTAND THAT IF I REFUSE TO TAKE THE TEST, MY EMPLOYMENT MAY BE TERMINATED IMMEDIATELY.

I HAVE PROVIDED THRUUTHFUL AND COMPLETE RESPONSES TO ALL INQUIRIES IN THE APPLICATION AND AUTHORIZE THE COMPANY TO INVESTIGATE ALL STATEMENTS CONTAINED IN THE APPLICATION. I UNDERSTAND THAT THE DISCOVERY OF ANY FALSIFICATION OR OMISSION CONSTITUTES A GROUND FOR IMMEDIATE DISMISSAL. IF EMPLOYED, I WILL ABIDE BY THE COMPANY'S RULES AND REGULATIONS, WHICH I UNDERSTAND ARE SUBJECT TO CHANGE BY THE COMPANY.

APPLICANT'S SIGNATURE _____ **DATE** _____