

Wright Printing
11616 I Street
Omaha, NE 68137
402-609-5622

It is the policy of Wright Printing to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information:

Applicant Full Name: _____

Home Address: _____

City/State/ZIP: _____

Daytime phone: _____

Mobile phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

Job Position Applied For: _____

Full or Part time _____

Salary Desired: \$ _____ per _____

- Are you at least 18 years old? _____
- Who referred you to our company?

- Do you have any friends or relatives who work here?
If yes, please list here:

- If hired, are you able to submit proof that you are legally eligible for employment in the United States?
_____ Yes _____ No
- If you are offered employment, when would you be available to begin work?

- Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations:

- If applicable, are you available to work overtime?
_____ Yes _____ No

Applicant Employment History: List your current or most recent employment first. Please list the last three jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back pages of this application.

Employer Name: _____

Dates of Employment (Month/Year): _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties/Title: _____

Reason for Leaving: _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties/Title: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/ZIP: _____

Job Duties/Title: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): _____

Applicant's Education and Training

High School/GED Name and City, State

College/University Name and Address

Did you receive a degree? _____ If yes, degree(s) received: _____

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements, or volunteer work:

Emergency Contact: Who should be contacted if you are involved in an emergency?

Contact Name: _____

Relationship to you: _____

Address: _____

City/State/ZIP: _____

Daytime phone: _____ Mobile phone: _____

References:

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Wright Printing to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant signature

date

