



I n c o r p o r a t e d

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14 Noahs Lane (off Putney Road), Brattleboro, VT 05301 • Tel 802.254.3550 • Fax 802.257.1453

www.HowardPrintingInc.com • info@howardprintinginc.com

*An equal opportunity employer*

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

### PERSONAL INFORMATION

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Name \_\_\_\_\_  
First Middle Last

Current address \_\_\_\_\_  
Street City State Zip

Permanent address (if different from above) \_\_\_\_\_  
Street City State Zip

Daytime telephone \_\_\_\_\_ Evening telephone \_\_\_\_\_ Email address \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime number \_\_\_\_\_

### EMPLOYMENT DESIRED

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Position \_\_\_\_\_

Date available to start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed now?  Yes  No

If yes, may we inquire of your present employer?  Yes  No

What is your reason for leaving/wanting to leave your present employer? \_\_\_\_\_

Have you ever applied to Howard Printing before?  Yes  No If yes, when? \_\_\_\_\_

How were you referred to Howard Printing?

Employment agency

Newspaper advertisement

Online advertisement

State employment office

College placement service

Walk in

Friend

Other (please indicate) \_\_\_\_\_

## EDUCATION

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- 1)** Name & location of educational institution \_\_\_\_\_  
Dates attended \_\_\_\_\_ Diploma or type of degree earned \_\_\_\_\_
- 2)** Name & location of educational institution \_\_\_\_\_  
Dates attended \_\_\_\_\_ Diploma or type of degree earned \_\_\_\_\_
- 3)** Name & location of educational institution \_\_\_\_\_  
Dates attended \_\_\_\_\_ Diploma or type of degree earned \_\_\_\_\_

Other special study, training, or skills: \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

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Please provide information on your last three employers, starting with your current/most recent one. You are welcome to provide additional employment history on an extra sheet of paper, if you like.

- 1)** Employer name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_ Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_  
Job title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_  
May we contact your supervisor?  Yes  No

- 2)** Employer name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_ Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_  
Job title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_  
May we contact your supervisor?  Yes  No

- 3)** Employer name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_ Starting date \_\_\_\_\_ Leaving date \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_  
Job title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_  
May we contact your supervisor?  Yes  No

## ADDITIONAL INFORMATION

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Are you at least 18 years of age?  Yes  No

Are you a U.S. citizen?  Yes  No

Do you possess a valid driver's license?  Yes  No

Have you ever been fired from a job or resigned to avoid dismissal?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the Armed Forces?  Yes  No

If yes, please indicate dates and branch of active duty. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

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Please list below the names and telephone numbers of three personal/professional references (not related to you).

**1)** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**2)** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**3)** Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_

## AUTHORIZATION/ACKNOWLEDGEMENT

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I certify that all information submitted by me on this application is true, accurate, and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification, and that any false information, omissions, or misrepresentation may cause my application to be rejected or, if I am employed, may cause my employment to be terminated at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

