



# APPLICATION FOR EMPLOYMENT

The employment policy of JJ Collins Printers, Inc. is to afford equal opportunities to all employees and applicants for employment, including disabled veterans, and regardless of race, religion, color, sex, age, disability, or national origin.

**J.J. Collins**  
Printers since 1878

## Drug/Alcohol Policy Statement

A Pre-employment Drug Screening (PEDS) is part of the required pre-employment procedures for all new hires. Under no circumstances will a candidate be placed on the payroll without having passed the screening process.

2351 Madison Avenue. Charleston, Illinois 61920  
www.jjcollins.com

### PLEASE PRINT LEGIBLY, IN INK, AND COMPLETE ALL INFORMATION

Name (Last, First and Middle)		Do you have a high school diploma or a G.E.D.? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Present Address (Street & No., City, State, Zip Code)		Number of Years Here	Area Code & Telephone No.
Former Address (Street & No., City, State, Zip Code)		Number of Years Here	Area Code & Telephone No.
Are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Who referred you to JJ Collins Printers, Inc?		Name(s) of relative(s) employed by JJ Collins Printers, Inc.	
		Location/Department	
Were you ever employed by JJ Collins Printers, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No When:		If "Yes", give name employed under if different from above:	Reason for leaving:
Have you ever applied with JJ Collins Printers, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No When:		Indicate choice of employment (Identify in box 1st choice & 2nd choice) <input type="checkbox"/> Customer Service <input type="checkbox"/> Prepress <input type="checkbox"/> Printing <input type="checkbox"/> Bindery <input type="checkbox"/> Warehouse <input type="checkbox"/> Maintenance	
Are you willing to work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other (specify) _____	
Type of employment desired: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary			Date Available:
What shifts can you work: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>			

### EMPLOYMENT RECORD for the Past 10 Years.

### Begin with Last or Present Position.

DATES Month / Day / Year		Name and Address of Employer	Your Occupation or Operation	Ending Salary	Reason for Leaving	May We Contact?
From:	To:	Name				<input type="checkbox"/> Yes
Supervisor Name:		Address Area Code & Telephone No.				<input type="checkbox"/> No
From:	To:	Name				<input type="checkbox"/> Yes
Supervisor Name:		Address Area Code & Telephone No.				<input type="checkbox"/> No
From:	To:	Name				<input type="checkbox"/> Yes
Supervisor Name:		Address Area Code & Telephone No.				<input type="checkbox"/> No
From:	To:	Name				<input type="checkbox"/> Yes
Supervisor Name:		Address Area Code & Telephone No.				<input type="checkbox"/> No
From:	To:	Name				<input type="checkbox"/> Yes
Supervisor Name:		Address Area Code & Telephone No.				<input type="checkbox"/> No

Include explanation of any gaps in employment. If additional space is needed, please continue on a separate sheet of paper or request a second application form.

# EDUCATIONAL RECORD

Education	Name and Location of Schools Attended	No. Years	Did You Graduate	Course of Study	Degree	Grade Avg.
High School						
College						
Other (Trade School, Certificates, Etc.)						

Are you currently attending school?  Yes  No - If yes, what school and what field of study?

Describe any specialized training, apprenticeships, skills, and extra-curricular activities:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever trained others? (If yes, state nature of training) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Trained
--	----------------

Have you ever supervised others? (If yes, state nature of supervision) <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Supervised
--	-------------------

Are you capable of performing, in a reasonable manner without accommodation, the activities and tasks involved in the job or occupation for which you have applied?

Yes  No  
 If no, state limitations:

\_\_\_\_\_  
 \_\_\_\_\_

Give 3 Personal References (other than relatives or former employers)

Name	Occupation	Address	AIC & Telephone No.

## IMPORTANT

JJ Collins Printers, Inc. has an obligation to its customers to employ those who will maintain the security of its service, and whose contracts with customers will maintain public confidence.

### EMPLOYMENT NOTICE - - - READ CAREFULLY BEFORE SIGNING

1. I hereby authorize the company to conduct an investigation concerning all statements contained in my application for employment, to interview all references and employers and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the company with all information pertaining to me concerning convictions and arrests for which convictions were obtained and I hereby release the company and any law enforcement agency, judicial officer or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.
2. I understand that any false statements or omissions of information in this application will be sufficient cause for discharge if employed.
3. I hereby give permission for a complete physical examination, if requested, including x-rays, and consent to the release of any and all medical information as may be deemed necessary by the company.
4. I hereby give permission for a Pre-Employment Drug Screening (PEDS) examination, and consent to the release of any and all medical information as may be deemed necessary by the company.
5. I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice, and the company has the same right.
6. I understand my application will remain active for six (6) months.

**DATE** \_\_\_\_\_ **SIGNATURE IN INK** \_\_\_\_\_