



656 S Douglas St, Ripon, WI 54971

EMPLOYMENT APPLICATION

DATE: _____

Name _____ Social Security No. _____
First Middle Last

Present Address _____
Street City State Zip

Phone No. (____) _____ E-mail address _____

Type of Employment Desired _____

Interested in Shift 1st 2nd 3rd Desired Wage _____

Are you 18 years of age or older? Yes _____ No _____ Date Available for Work _____

Please specify how you were referred to us. (person, newspaper, etc.) _____

Have you filed an application here before? Yes _____ No _____ If yes, give date _____

EDUCATION/TRAINING:

School	Grade Completed	Field of Study/Degree
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK EXPERIENCE: List most recent employer first.

Employer, Address & Phone No.	Dates Employed	Duties	Supervisor	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please explain any gaps in employment or additional training and job-related experience you have that may help us in making an employment decision.

REFERENCES: Do not include past supervisors listed previously or family members.

	Name	Address	Phone
1.			
2.			
3.			

This application is considered valid for one year. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application.

I hereby certify that the information provided in my employment application (and any resume or other materials submitted by me in connection with my effort to obtain employment with Ripon Printers) is true, complete and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with Ripon Printers, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

I understand that this employment application and any other company documents are not a contract of employment, and that any individual who is hired may voluntarily leave employment and may be terminated by the employer at any time for any reason.

Signature _____

FOR OFFICE USE ONLY

Start Date: _____ Full Time / Regular Part Time / or Part Time (circle one)
Starting Wage: _____ Job Title: _____

Continue to next page. 

NOTICE OF DRUG SCREEN

I have been advised that a pre-employment drug screen is required as part of the hiring process at Ripon Printers and that a negative drug screen result is necessary to be qualified for employment with Ripon Printers.

I, _____, hereby authorize Ripon Medical Center, or other qualified facility as deemed necessary, its physicians, nurses, and technicians, to obtain a sample of my urine for the purpose of determining the presence of controlled substances therein and to further determine the content thereof.

I understand and agree that the results of this test will be disclosed to Ripon Printers and hereby release any employees and/or agents thereof from any and all claims or causes of actions resulting from the disclosure of these results.

I understand that a positive result will be reviewed by a Medical Review Officer employed by the testing laboratory and that communication by me with the Medical Review Officer may be required to discuss the positive result.

I understand that a confirmed positive test result, or the refusal to submit to a drug screen or cooperate with all required procedures, will disqualify me from immediate further consideration for employment with Ripon Printers. I understand that if I have failed the pre-employment test I may submit another application for employment with the Company after a period of no less than six (6) months and be subject to the testing policy and procedures at that time.

I acknowledge reading and understanding the above information and voluntarily give my authorization and consent to the procedures as described above.

Applicant signature

Date



Reference Check Claim - Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Release of Claims Against Providers of References and/or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with Ripon Printers). I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide Ripon Printers with any information requested that may be relevant and useful to Ripon Printers in making a hiring decision. **I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.**

Initials _____

B. Contact With Current Employer:

I DO _____/DO NOT _____ authorize you to contact my current employer. If so, I agree that the terms set forth in paragraph A also apply to my current employer.

Initials _____

Date: _____ Signed: _____

Print Name: _____