



BRD PRINTING, INC. APPLICATION FOR EMPLOYMENT

912 W. Saint Joseph • Lansing, MI 48915
www.brdprinting.com

PERSONAL

Date _____

Name _____
Last First Middle Social Security No. _____

Present address _____
No. Street City State Zip Telephone No. _____

E-mail _____

What method of transportation will you use to get to work? _____

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-Time Part-Time No Yes, under certain conditions.

Were you previously employed by us? _____ If yes, when? _____

List any friends or relatives working for us _____
Name(s)

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

How long have you lived at present address? _____

Previous address _____
No. Street City State Zip How long did you live there? _____

Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

Are you a citizen of the U.S.A.? _____

What is your present Selective Service classification? _____

Are you presently employed? _____ If yes, why are you changing jobs? _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Date of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties in the service including special training _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

EDUCATION

Name and Location of School	No. of Yrs. Attended	Course	Did you receive your diploma?
High School			
Technical or Trade School			
College or University			

If you are applying for work as a pressman, lithographic plate maker or bindery worker fill out the following:

Kind of Work Desired	Years of Experience	<input type="checkbox"/> I can qualify as a Journeyman <input type="checkbox"/> I can qualify as an Apprentice on the type of work of machines listed below
Pressman (Lithograph)		<input type="checkbox"/> Feeder <input type="checkbox"/> 1 Color <input type="checkbox"/> 2 Color <input type="checkbox"/> 4 Color <input type="checkbox"/> 6 Color <input type="checkbox"/> Heidelberg <input type="checkbox"/> Roland <input type="checkbox"/> Ryobi <input type="checkbox"/> Mitsubishi <input type="checkbox"/> Komori <input type="checkbox"/> Other (Specify) _____
Lithograph Plate Making		<input type="checkbox"/> Camera <input type="checkbox"/> B & W <input type="checkbox"/> Process <input type="checkbox"/> Opaquing <input type="checkbox"/> Stripping <input type="checkbox"/> Layout <input type="checkbox"/> Pre-Sensitized Plate Making <input type="checkbox"/> Other (Specify) _____
Bindery		<input type="checkbox"/> Hand Gathering <input type="checkbox"/> Collating Snapouts <input type="checkbox"/> Operate Drill <input type="checkbox"/> Folder <input type="checkbox"/> Muller-Martini Stitcher/Trimmer <input type="checkbox"/> Set-up Folder <input type="checkbox"/> Perfect Binder <input type="checkbox"/> Set-up Auto. Stitcher Trimmer <input type="checkbox"/> Stock Handling <input type="checkbox"/> Paper Cutter Size _____
Other		

Do you have a Journeyman's card? _____ Have you served an apprenticeship? _____

When? _____ How long? _____ Where? _____

Mechanical Experience _____

OFFICE APPLICANTS	Years of Experience
<input type="checkbox"/> Bookkeeping AP, AR, Payroll - Quickbooks	
<input type="checkbox"/> Customer Service <input type="checkbox"/> Printing Knowledge <input type="checkbox"/> Phone Skills	
<input type="checkbox"/> Computer Programs Microsoft Office ____, Excel ____, Microsoft Word ____, Computer Experience ____	
<input type="checkbox"/> Shorthand	
<input type="checkbox"/> Other _____ _____ _____	

ELECTRONIC PREPRESS	Years of Experience
OPERATE: <input type="checkbox"/> MAC <input type="checkbox"/> PC	
COMPUTER PROGRAMS <i>Knowledgeable In:</i> <input type="checkbox"/> QuarkXpress <input type="checkbox"/> Freehand <input type="checkbox"/> PageMaker <input type="checkbox"/> Streamline <input type="checkbox"/> InDesign <input type="checkbox"/> Corel Draw <input type="checkbox"/> PhotoShop <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Illustrator <input type="checkbox"/> _____ <div style="text-align: right; font-size: small;">Other</div>	
FILM IMAGING: <input type="checkbox"/> Imposition _____ <input type="checkbox"/> Trapping / Set-up <input type="checkbox"/> Agfa Taipan RIP <input type="checkbox"/> Agfa AccuSet Imagesetter <input type="checkbox"/> Other (Image-Platesetter) _____	

PERSONAL REFERENCES

Name of Reference (Not relatives or former employer)	Address	Business or Occupation
Other comments you wish to make: _____		

Work Record. APPLICANT: IT IS IMPORTANT TO READ THIS PART

Please be sure to answer each item in this section accurately. Your present or previous supervisor may be asked about each of these items, including: your beginning and ending dates, job duties, and reason(s) for leaving. Your present or former employer will not be asked anything not contained in this section except about your work performance and attendance record.

If you are now employed, your employer will not be contacted without your permission.

I am now employed { Please do not contact my present employer
 Yes, you may contact my present employer

Present or Last Employer:

Company _____ Address _____
 Job Title _____ From (Mo. / Yr.) _____ To (Mo. / Yr.) _____
 Supervisor's Name _____ Supervisor's Phone _____
 Job Duties _____

 Reason(s) for Leaving _____

Next Previous:

Company _____ Address _____
 Job Title _____ From (Mo. / Yr.) _____ To (Mo. / Yr.) _____
 Supervisor's Name _____ Supervisor's Phone _____
 Job Duties _____

 Reason(s) for Leaving _____

Other:

Company _____ Address _____
 Job Title _____ From (Mo. / Yr.) _____ To (Mo. / Yr.) _____
 Supervisor's Name _____ Supervisor's Phone _____
 Job Duties _____

 Reason(s) for Leaving _____

Other:

Company _____ Address _____
 Job Title _____ From (Mo. / Yr.) _____ To (Mo. / Yr.) _____
 Supervisor's Name _____ Supervisor's Phone _____
 Job Duties _____

 Reason(s) for Leaving _____

APPLICANT: IT IS IMPORTANT TO READ THIS PART

No matter how you answer each of the following items, you will not be automatically eliminated for any vacancy. Your answers will only be used to help decide whether or not you can do the job in question. If you purposely leave out information or include a misrepresentation, this application will be rejected. If a misrepresentation or deliberate omission is found after you are hired, this could be grounds for dismissal.

a. Have you ever been convicted of a crime? If so, when, where and nature of offense?

b. Have you ever been refused bonding?

Yes _____ No _____

Please list any other experiences, awards, hobbies, volunteer work, certificates, etc., you feel are job related:

Do you required special testing or interviewing procedures? (Example: hearing impairment requiring written rather than oral instructions.) Yes _____ No _____ If yes, please explain. _____

Wages expected: \$ _____ per hr. / wk. / mo.

Last Wage: \$ _____ per hr. / wk. / mo.

I certify that all the information provided on this application is true and complete. I authorize verification of this information which will only be used to help to determine whether I can do the job in question. I understand that if it is found I purposely left out anything or misrepresented information, this application will be rejected or this could be grounds for dismissal after I am hired.

Signature of Applicant _____

Date _____

DO NOT WRITE BELOW THIS LINE

Full Time Part Time On Call (Temp.) Starting Date ____ / ____ / ____ Starting Rate: \$ _____ Review Schedule: _____

Benefits

Eligible for Vacation (after 1 year) Notes: _____

Eligible for Personal Days (after 6 months) _____

Eligible for Holidays (after 30 days) _____

Eligible for Healthcare (after 30 days)
 Single Double Family _____

Eligible for Dental Insurance (after 30 days) _____

Eligible for Optical Insurance (after 30 days) _____

Eligible for 401k (after 90 days) _____