

THE OVID BELL PRESS, INC.

(A subsidiary of Walsworth Publishing)

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resources Department.

Each question should be answered fully and accurately, even if attaching a resume. Incomplete information could disqualify you from further consideration. All information you give on this application will be held in confidence.

PLEASE PRINT

Position(s) applied for _____ Date _____

Date available for work _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number () _____ Social Security Number _____ - _____ - _____

Which shifts are you able to work? Email address: _____

3 days/wk rotating shift (6 am - 6 pm); 3 nights/wk (6 pm - 6 am); 5 days / 37.5 hr wk

Are you able to work overtime when required? Yes No

Weekends? Yes No

May we contact you at work? Yes No If yes, work number _____

Have you ever worked here before? Yes No If yes, give dates _____

Have you ever applied here before? Yes No If yes, give dates _____

Is there any additional information due to a change of name or use of an assumed name that will enable us to verify your application? Yes No If yes, please explain _____

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the U.S.? Yes No

(Proof of work eligibility will be required upon employment).

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

Is there anything which would interfere with your regular attendance and punctuality if you are offered a job? Yes No If yes, please explain _____

Have you been convicted of a crime in the last 7 years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment).

If yes, please explain _____

MILITARY SERVICE

Have you ever been a member of the Armed Services? Yes No

Total years of service (not dates): _____

Rank/grade at time of discharge: _____

Did you receive a favorable discharge? Yes No

List any Armed Services Education, Training, or Work Experience while in the military:

EDUCATIONAL BACKGROUND

Name and
Location of School

Highest Grade
Completed

Did You Graduate?
Yes/No

High School: _____

College: _____

College Major: _____ Degree: _____

Vocational/Technical Training/ Additional Training:

Name and
Location of school

Courses
Taken

Dates
Attended

Course Completed?
Yes/No

SKILLS AND QUALIFICATIONS – Summarize any special training, skills, licenses, certificates, experience operating machines or equipment, hobbies, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying:

List any special accomplishments, publications, awards (exclude any information which would reveal sex, race, religion, national origin, age, color, disability or other protected status).

EMPLOYMENT HISTORY

Starting with the most recent, list the company name of employers in consecutive order going back 10 years. Account for all periods of time including military service and any periods of unemployment.

<u>Dates (Mo./Yr.)</u> From	Present or last Company name	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Address (City, State)	
<u>Rate of Pay</u> Start	Telephone	Your Duties:	
	End		
Reason for Leaving:			

<u>Dates (Mo./Yr.)</u> From	Company or Employer	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Address (City, State)	
<u>Rate of Pay</u> Start	Telephone	Your Duties:	
	End		
Reason for Leaving:			

<u>Dates (Mo./Yr.)</u> From	Company or Employer	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Address (City, State)	
<u>Rate of Pay</u> Start	Telephone	Your Duties:	
	End		
Reason for Leaving:			

<u>Dates (Mo./Yr.)</u> From	Company or Employer	Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Address (City, State)	
<u>Rate of Pay</u> Start	Telephone	Your Duties:	
	End		
Reason for Leaving:			

REFERENCES

List the names and telephone numbers of three business/work/school/personal references who are *not* related to you.

Name	Reference Type	Telephone	Years Known
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Do you know anyone who works at The Ovid Bell Press? Yes No If yes, who?

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing:

The Ovid Bell Press is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of a need for an accommodation that would be required by the ADA.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The Ovid Bell Press to verify their accuracy and to obtain reference information on my work performance. My signature authorizes The Ovid Bell Press to review my previous employment (except as indicated otherwise), driving, criminal records, and/or other background data as it may relate to the position(s) for which I am applying or have been hired. I hereby release The Ovid Bell Press from any/all liability of whatever kind and nature, which at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I also understand that an offer of employment with The Ovid Bell Press is contingent upon the acceptable results of a pre-employment drug test.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of The Ovid Bell Press. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I also understand that just as I am free to resign at any time, The Ovid Bell Press reserves the right to terminate my employment at any time, with or without cause and without prior notice, and that no representative of The Ovid Bell Press has the authority to make any assurances to the contrary.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant _____ Date: _____