



# Record Printing Company

Employee Owned

120 Industrial Park Road  
Story City, IA 50248

## APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without regard to race, color, religion, sex, age, marital status, handicap or national origin. A copy of Record Printing Company's Drug policy is available for your review.

### PERSONAL INFORMATION

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

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Best time to call you at home is \_\_\_\_\_ Are you 18 years or older \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in this country..... \_\_\_ Yes \_\_\_ No  
(Proof of U.S. citizenship or immigration status will be required upon employment)

Have you been convicted of a felony..... \_\_\_ Yes \_\_\_ No  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date available for work \_\_\_\_\_

Are you employed now \_\_\_\_\_ Are you on a lay-off and subject to recall \_\_\_\_\_

Have you filed an application here before \_\_\_\_\_ If yes, give date \_\_\_\_\_

Have you ever been employed here before \_\_\_\_\_ If yes, give dates \_\_\_\_\_ to \_\_\_\_\_

Referred by \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

### EDUCATIONAL BACKGROUND

SCHOOL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or membership in organizations or hobbies.

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## REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

## EMPLOYMENT HISTORY

FROM	TO	EMPLOYER	TELEPHONE ( ) -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
FROM	TO	EMPLOYER	TELEPHONE ( ) -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	
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JOB TITLE		ADDRESS	
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FROM	TO	EMPLOYER	TELEPHONE ( ) -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING		HOURLY RATE/SALARY Start \$ _____ per _____ Final \$ _____ per _____	

AN EQUAL OPPORTUNITY EMPLOYER

## **PHYSICAL ABILITIES**

Please mark the following questions "yes" or "no" in the department or departments in which you are applying for a position.

In accordance with the American With Disabilities Act, answering NO to any questions below will not necessarily eliminate you from further consideration.

### **FACTORY**

**Yes      No**

- |     |     |  |
|-----|-----|--|
| ___ | ___ | Are you able to stand & move about machines 100% of time                   |
| ___ | ___ | Are you able to be in a squatting position                                 |
| ___ | ___ | Are you able to be in a bending position                                   |
| ___ | ___ | Are you able to reach above your head                                      |
| ___ | ___ | Are you able to lift and flip boxes weighing up to 50 lbs.                 |
| ___ | ___ | Do you have vision correctable to 20/20                                    |
| ___ | ___ | Are you able to differentiate between different colors                     |
| ___ | ___ | Do you have any known allergies to dust or any printing chemicals          |
| ___ | ___ | Are you able to read & follow written instructions                         |
| ___ | ___ | Are you able to climb in and drive a forklift                              |
| ___ | ___ | Do you have finger dexterity to hold a single sheet of paper & web a press |
| ___ | ___ | Do you have ability to type up to 20 wpm (shipping department)             |
| ___ | ___ | Are you able to read a ruler   |

### **PREPRESS**

**Yes      No**

- |     |     |   |
|-----|-----|---|
| ___ | ___ | Do you have vision correctable to 20/20   |
| ___ | ___ | Are you able to lift your arm above your head   |
| ___ | ___ | Do you have any known allergies to dust or darkroom chemicals                           |
| ___ | ___ | Are you able to work over a light table   |
| ___ | ___ | Do you have finger dexterity to be precise in details including using an artist's knife |
| ___ | ___ | Do you have the ability to type up to 30 wpm  |
| ___ | ___ | Are you able to read & follow written instructions                                      |
| ___ | ___ | Are you able to read a ruler  |

### **OFFICE**

**Yes      No**

- |     |     |   |
|-----|-----|---|
| ___ | ___ | Are you able to use a touch tone telephone                    |
| ___ | ___ | Are you able to read and follow written instructions          |
| ___ | ___ | Do you have the ability to type up to 30 wpm                  |
| ___ | ___ | Do you have the ability to use a calculator                   |
| ___ | ___ | Are you able to work with 4 & 5 drawer vertical file cabinets |
| ___ | ___ | Are you able to read a ruler                                  |

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Record Printing Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Record Printing Company has the authority to make any assurances to the contrary.

I give Record Printing Company the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Record Printing Company and its representatives for seeking such information, all other persons, corporations or organizations for furnishing such information. I agree that any false statements made by me or my failure to answer any applicable question on this application completely will be sufficient cause for my release from employment. If hired, I agree to abide by all working rules and regulations of the corporation.

Record Printing Company is an **equal opportunity employer**. Record Printing Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that, upon receiving a conditional offer of employment, I may be required to undergo a drug screen as a condition of becoming employed.

This application is current for only six (6) months. At the conclusion of this time, if I have not heard from Record Printing Company and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**RECORD PRINTING COMPANY, INC.  
EQUAL OPPORTUNITY POLICY STATEMENT**

**TO:** Department Managers  
Supervisory Personnel  
Employees  
Applicants for Employment

**SUBJECT:** Equal Employment Opportunity

**OBJECTIVE:** To obtain qualified employees consistent with position requirements; to seek, employ, promote, and treat all employees and applicants for employment without discrimination as to race, color, religion, sex, age, marital status, handicap or national origin.

It is the policy of Record Printing Company, Inc. to give equal opportunity to all qualified persons without regard to race, color, religion, sex, marital status, age, handicap or national origin.

All employment practices are to provide that all individuals be recruited, hired, assigned, advanced, compensated and retained on the basis of their qualifications, and treated equally in these and all other respects without regard to race, color, religion, age, sex, marital status, handicap or national origin.

It shall be considered the responsibility of every supervisory employee to further the implementation of this policy and ensure conformance by their subordinates.

Supervisory personnel as well as those responsible for hiring new employees must take all necessary action in the elimination of possible discrimination towards employees and applicants for employment with Record Printing Company, Inc. in all categories and levels of employment and employee relations.

Responsibility for seeing that this policy is continuously followed has been assigned to Brenda Meier. The designated official shall work with each department manager and plant supervisor in furthering its implementation and monitoring the progress being made.