



Imperial - A Visual Communications Company

2487 S. Commerce Drive
New Berlin, WI 53151

Phone: 262-439-2800
Fax: 262-439-2809

Employment Application

Personal Information

Last		First		MI	Date of Birth	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City	ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				SSN#		Email	
Have you been convicted of a felony or been incarcerated in connection with a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:			
Driver's License #				Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		War	
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate or		Expected Annual Salary		Date Available			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School							
Other							
List any applicable special skills, training or proficiencies.							

CONTINUED ON OTHER SIDE

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

AUTHORIZATION

"I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the President of Imperial.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

Date	Signature
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APPLICANT'S CONSENT TO DRUG TESTING

"I understand it is the policy of Imperial Lithographing Corporation to conduct drug tests of job applicants for the purpose of detecting drug abuse, and that one of the requirements for consideration of employment with the Imperial is the satisfactory passing of the company's/organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug test.

I understand that favorable test results will not necessarily guarantee that I will be employed by Imperial.

If I am accepted for employment, I agree to take drug tests whenever requested by the company, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to Imperial and other officially interested parties the results of my tests.

At this time I consent to a drug and/or alcohol test."

Date	Signature
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Imperial - A Visual Communications Co. is an equal opportunity employer. It is Imperial's policy that all employees have a right to work in an environment free of discrimination and harassment based on sex, age, race, color, national origin, religion, disability or any other basis protected by federal, state, or local law.