

**Wright Printing**  
**11616 I Street**  
**Omaha, NE 68137**  
**402-609-5622**

It is the policy of Wright Printing to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

**Applicant Information:**

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

email address: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_

Full or Part time \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

- Are you at least 18 years old? \_\_\_\_\_
- Who referred you to our company?  
\_\_\_\_\_
- Do you have any friends or relatives who work here?  
If yes, please list here:  
\_\_\_\_\_
- If hired, are you able to submit proof that you are legally eligible for employment in the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_
- Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations:  
\_\_\_\_\_
- If applicable, are you available to work overtime?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Applicant Employment History:** List your current or most recent employment first. Please list the last three jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back pages of this application.

Employer Name: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties/Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties/Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Job Duties/Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Dates of Employment (Month/Year): \_\_\_\_\_

**Applicant's Education and Training**

High School/GED Name and City, State

\_\_\_\_\_

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ If yes, degree(s) received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements, or volunteer work:

\_\_\_\_\_

**Emergency Contact:** Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

**References:**

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Wright Printing to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
date

