



250 North Hwy 10, St. Cloud, MN 56304
 Phone: (320) 251-6434
 www.sentinelprinting.com

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, creed, religion, national origin, sex, pregnancy, marital status, disability, age, status with regard to public assistance or sexual preference or identity.

Name: Date:

Present Address

Permanent Address

Street address:

 City
 State/Province:
 Zip/Postal Code

Street address:

 City
 State/Province:
 Zip/Postal Code

Home phone:

Cell phone:

Email Address:

Referred by

Are you 18 years of age or older? Yes No

Positions applied for: Salary desired:

Full-Time Regular On-Call Temporary Summer Project

Hours available for Work: First shift Second shift Third shift

Mon Tues Wed Thurs Fri Sat Sun

First available work day? Last available work day (Summer Project Only)?

Education

Type of School	Name of School and Complete Mailing Address	# of Years Completed	Major or Degree
High School			
College, Bus. or Trade School			
Professional School			
Other			

Previous Employment (list up to 3)

1.

Name of employer:

Complete address:

Phone #:

Last job title:

Name of last supervisor:

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Dates of employment:

From: To:

Salary:

From: To:

Reason for leaving (be specific):

--

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

--

May we contact your employer: Yes No

2.

Name of employer:

Complete address:

Phone #:

Last job title:

Name of last supervisor:

--

Dates of employment:

From: To:

Salary:

From: To:

Reason for leaving (be specific):

--

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

--

May we contact your employer: Yes No

3.

Name of employer:

Complete address:

Phone #:

Last job title:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact your employer:

Yes

No

Skills:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Other job related skills:

Please list 2 references other than relatives and previous employers.

Name		
Occupation		
Years Known Applicant		
Telephone		

If you are hired, you will be required to present documents that establish identity for employment in accordance with the immigration Reform and Control Act of 1986 (8. U.S.C. 1324a). (i.e.; U.S. Passport, Social Security Card, Driver’s License with photo or other acceptable identification as required by the act.)

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer’s service, whenever it is discovered. I voluntarily give the company the right to conduct a complete background investigation and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or organizations giving such information. I understand that Sentinel Printing Co., Inc. retains the right to terminate its employees at any time for any reason not prohibited by law and, if hired, I understand that I am free to resign at any time for any reason subject to Sentinel Printing Co., Inc.’s, notice requirements and that these mutual rights constitute Sentinel Printing Co., Inc.’s at will policy. Furthermore, I understand no officer, management official or employee is authorized to make any oral assurance regarding any condition of employment, including, but not limited to, a promise of continued employment. I further acknowledge and understand that, if I am employed, Sentinel Printing Co., Inc. has the right, at any time and for any reason, to make changes in all employment policies, instructions, and procedures with or without notice and that I am required to abide by all rules and regulations of the company. I realize that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: **Date:**