Application for Employment



PLEASE PRINT

The position being applied for must be specified. This application is current for only 60-days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application. If any requested information does not fit your experience write none in that space. Do not leave any blank spaces.

Position(s) Applied For	Date of Application	/ /
Type of employment desired: 🗌 Full Time 🗌	Part time 🗌 Temporary 🗌 Seasonal 🗌 Ed	ucational Co-Op
Referral Source 🗌 Advertisement	Employee Relative Governm	ent Employment Agency
Walk-in	Private Employment Agency D Other	
Name of Source(If App	licable)	
Name		
Last	First	Middle
AddressStreet	C:h.,	
		itate Zip
Contact Number (Home)	(Cell)	
If necessary, best time to call you at home is:		
Are you 18 years of age or older		Yes 🗌 No
Have you ever been employed by Ennis, Inc. o	r subsidiary before?	Yes No
If yes, please give date	From/ T0	//
Are you legally eligible for employment in the (Proof if U.S. Citizenship or immigration status		Yes No E-Verify
Date Available to start work		//
Are you on lay-off and subject to recall?		Yes No
Will you relocate if job requires it?	Yes 🗌 No 🛛 Will you travel if job requires it	t? 🗌 Yes 🗌 No
Are you able to meet the attendance requiren	nents of the position?	Yes 🗌 No
Are you willing to work overtime if required?		Yes 🗌 No
Have you ever been convicted of a felony inclu (Such conviction may be relevant if job related		Yes 🗌 No
If YES, please explain:		
Driver's license number (if required by job)		State
AN F	OUAL OPPORTUNITY EMPLOYER	

Employment History

List your last four (4) assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Phone	e Number	Dates Employed		Summarize the nature of the work	
			From	То	performed and job responsibilities.	
Address						
Job Title			Hourly Ra	te/Salary		
		, Stari				
Immediate Supervisor and Title				Per		
Reason for Leaving			Hourly Ra	te/Salary		
		Fina		-		
			Per			
May we contact for reference?] Yes	No No	_			
Employer	Phone	e Number	Dates Emp	oloyed	Summarize the nature of the work	
			From	То	performed and job responsibilities.	
Address						
Job Title			Hourly Ra	te/Salary		
			Start			
Immediate Supervisor and Title				Per		
Reason for Leaving			Hourby Do	ta (Salam)		
Reason for Leaving			Hourly Ra Fina		-	
			1110	Per		
May we contact for reference?	Yes	No	_			
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Employer	Phone	e Number	Dates Emp	oloyed	Summarize the nature of the work	
Employer	Phone	e Number	Dates Emp From	oloyed To	Summarize the nature of the work performed and job responsibilities.	
Employer Address	Phone	e Number		1		
	Phone	e Number	From	То		
Address	Phone	e Number		To te/Salary		
Address	Phone	e Number	From Hourly Ra	To te/Salary		
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Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company:

Educational Background

A. List last three schools attended, *starting with most recent*.
B. List number of years completed.
C. Indicate degree or diploma earned, if any.
D. Grade Point Average or Class Rank and
E. Major and minor field of study (if applicable).

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A. School	B. No. of Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

References

List names and telephone number of three business/work references who are *not* related to you.

If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List special accomplishments, publications, awards, (Exclude information which would reveal gender, ethnicity, religion, national origin, age, disability or other protected status.)_____

List any additional information you would like us to consider: ______

Applicants are considered for all open positions at location and employees are treated during employment, without regard to ethnicity, religion, gender, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Federal law obligates us to provide reasonable accommodations to certain known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered. I agree to immediately notify the Company if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending or during my period of employment, if hired. If my job duties include driving on Company business I agree to notify the Company if I am convicted of reckless driving or driving under the influence of drugs or alcohol.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between the company and me is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation. After an offer of employment has been made and accepted I understand I will be required to complete a Form I-9 and the Company will use E-Verify to determine my eligibility to work.

Additionally, I authorize the Company to supply my employment record in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

Signature of Applicant:	Date	
(1	DO NOT WRITE BELOW THIS LINE)	
Interviewed By:	Date	
Comments:		
Interviewed By:	Date	
Comments:		
Starting Date:	Starting Salary	
Department:	Position:	
Supervisor's Signature:	Date:	