



139 Evergreen Road, PO Box 408, Oconto, WI 54153
 920-835-3299 • Fax: 920-835-7448

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER
 PLEASE PRINT OR FILL IN AND ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

NAME: _____			
(Last)	(First)	(Middle)	
ADDRESS: _____			
(Number & Street)	(City / State)	(Zip Code)	
TELEPHONE NO.: _____	CELL PHONE NO. _____		
PREVIOUS ADDRESS: _____			
Number & Street	City / State	Zip Code	
Wage / Salary	Full Time? <input type="checkbox"/>	* Are you available for manufacturing positions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Desired: \$ _____/hr	Part Time? <input type="checkbox"/>		
	Temporary? <input type="checkbox"/>		
* MANUFACTURING POSITIONS MAY REQUIRE 8 OR 12 HOUR SHIFTS			
Identify relevant skills or training you have or equipment you can operate: _____			

Have you been employed with or applied for employment with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	What position are you applying for?		
Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you over age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you referred here? How?		
List names of any friends or relatives who work for the Company:			
Name	Relationship		
Name	Relationship		
PERSONAL REFERENCES:		Occupation and Relationship to you	
Name	Address and Telephone No.		
1.		/	
2.		/	
3.		/	
EDUCATION	Address	Years Completed	Degree
Institution Name		(check box next to year)	
High School:		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate Work:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other:		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Only US Citizens or aliens who have a legal right to work in the US are eligible for employment. Can you, upon employment, submit documentation of your identity and your legal right to work in the US? <input type="checkbox"/> Yes or <input type="checkbox"/> No			

EMPLOYMENT HISTORY: List all positions held starting with the most recent. Use additional pages if needed.

Employer Name/Address	Dates of Employment	Other Information
Name: _____ Address: _____ _____	From: _____ to _____ Salary: \$ _____	Duties: _____ _____
Telephone: _____	Title: _____	Reason Left: _____ Supervisor: _____
Name: _____ Address: _____ _____	From: _____ to _____ Salary: \$ _____	Duties: _____ _____
Telephone: _____	Title: _____	Reason Left: _____ Supervisor: _____
Name: _____ Address: _____ _____	From: _____ to _____ Salary: \$ _____	Duties: _____ _____
Telephone: _____	Title: _____	Reason Left: _____ Supervisor: _____
Name: _____ Address: _____ _____	From: _____ to _____ Salary: \$ _____	Duties: _____ _____
Telephone: _____	Title: _____	Reason Left: _____ Supervisor: _____

Have you ever been a defendant in a civil action for an intentional tort? **YES** or **NO**

If YES, please state the circumstances, including a description of the nature of the intentional tort, the date that it was allegedly committed and the disposition of the action (please ask for additional paper if you need more space).

Have you ever been convicted of a crime, had adjudication withheld, or pled no contest to a crime? **YES** or **NO**

If YES, please state the type of crime and the circumstances with regard to each, including date of the conviction or pleas and the penalty, if any, imposed by the court (please ask for additional paper if you need more space).

NOTE: Answering YES to any of these questions may not necessarily disqualify you from the position you desire. Each action and explanation will be weighted/considered in relationship to the position for which you are applying.

I attest to the truthfulness of any and all information and answers provided above. Any false or misleading statements will be grounds for denial of employment or discharge. I understand the company will be checking into my references and employment background. I authorize the Company to do so and release from liability anyone giving or obtaining such background information. This application does not constitute a contract of employment or an indication that any jobs are available. Any employment with the Company is at will, meaning the employer or employee can end the employment relationship at any time for any or no reason and with or without notice. My signature below verifies that I have read and understand the foregoing statements.

I understand that if I am offered employment that I will be asked to submit to a pre-employment drug screen. I understand that failure to submit to or failure of the test will prevent me from obtaining employment at Graphic Management Specialty Products.

Signature: _____ **Date:** _____

(Note: If filling out this form electronically to submit via email, just type in your name above.)



AFFIRMATIVE ACTION FORM

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Sex: _____ Male _____ Female

Race/Ethnicity:

_____ **American Indian or Alaskan Native** – a person having origins of any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

_____ **Asian** – A person having origins in any of the original peoples of the Far East Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

_____ **Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”.

_____ **Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Hispanic or Latino (All races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

_____ **Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and any race other than White.

_____ **Race missing or unknown** – Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Veteran: _____ Veteran
