



Employment Application

Synergy Graphics, Inc.

14505 27th Ave North Plymouth, MN 55447

Phone 763.586.3700 Fax 763.586.3790

Programs, services and employment are equally available to everyone. Please inform Human Resources Department if you require reasonable accommodation for the applicant or interview.

Date of Interview (Month/Day/Year)

How were you referred to us:

Position Applied for:

Full Name (First, Middle, Last)

Address:

City:

State:

Zip:

Phone:

Mobile/Page/Other:

Email:

Date Available to Start:

Social Security Number:

Salary / Requirements:

If you are under 18 years of age, can you provide a work permit? If no, please explain:

Are you a citizen of the United States?

If not, are you legally allowed to work in the United States?

Type of employment desired: *Full Time *Part Time *Temporary *Seasonal

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Have you ever pleaded guilty, no contest or been convicted of a crime?

If yes, give dates and details:

Driver's license number (if applicable to position):

State:

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer for a reference? _____

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer for a reference? _____

Dates of Employment: From ____/____/____ To ____/____/____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer for a reference? _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____