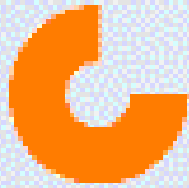


APPLICATION FOR EMPLOYMENT



Graphic Composition, Inc.

N1246 Technical Drive • Greenville, WI 54942

Phone: 920-757-6977 • FAX: 920-757-9266

E-mail: gcomp@graphiccomp.com

Web Site: www.graphiccomp.com

					Date
Name:	<i>Last</i>	<i>First</i>	<i>Middle</i>	Social Security No.	
Address:	<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Home Phone ()			Work Phone ()		

We Are an Equal Opportunity Employer

It is the policy of this company to provide and promote equal opportunity employment, compensation, and other terms and conditions of employment without discrimination because of race, color, sex or sexual orientation, national origin, age, disability, religion, creed, marital or veteran status, or any other legally protected status.

Only completed applications will be evaluated. Please do not use non-specific responses such as "see résumé," "negotiable," or "interested in any position." Please type or print in ink.



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Specific position you are applying for:

Have you ever applied for employment with Graphic Composition, Inc. before? Yes No

Date you could start:

Starting salary desired:

Are you at least 18 years of age? Yes No Are you applying for: Part time Full time

Are you employed now? Yes No May we contact your current employer? Yes No

Are you willing to work shifts? Yes No Are you willing to work overtime? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a criminal offense? Yes No If yes, please state the offense, place, date and disposition of the case(s). A conviction will not necessarily disqualify you for a job.
(Use extra paper if necessary.)

Do you have any commitments to or non-compete agreements with another employer which might affect your employment with us? Yes No If yes, please explain:

Are you a United States citizen or do you otherwise have legal authorization to work in the United States which is not limited to a particular employer? Yes No
(Proof of authorization to work will be required only upon employment.)

Have you ever been dismissed from employment, forced to resign, or resigned to avoid being dismissed? Yes No If yes, please explain. *(Use extra paper if necessary.)*

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	Name & Location	Did You Graduate?	Major & Degree	Grade Average
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Colleges		<input type="checkbox"/> Yes <input type="checkbox"/> No		Overall
				Major
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		Overall
				Major
Trade, Business or Other <i>(please specify)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE LIST MOST RECENT JOB FIRST

E M P L O Y M E N T H I S T O R Y	Company Name	Specific Duties
	Street Address	Telephone
	City & State	
	Job Title	Reason for Leaving
	Supervisor	
	Dates Employed	Salary
	<i>From</i>	<i>To</i>
		<i>Starting</i>
		<i>Ending</i>
	Company Name	Specific Duties
	Street Address	Telephone
	City & State	
	Job Title	Reason for Leaving
	Supervisor	
	Dates Employed	Salary
	<i>From</i>	<i>To</i>
		<i>Starting</i>
		<i>Ending</i>
	Company Name	Specific Duties
	Street Address	Telephone
	City & State	
Job Title	Reason for Leaving	
Supervisor		
Dates Employed	Salary	
<i>From</i>	<i>To</i>	
	<i>Starting</i>	
	<i>Ending</i>	

O T H E R	<i>~ If you need additional space, please attach a separate sheet ~</i>
	Explain any period of time not accounted for in your employment record.

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Please list any additional training experiences, skills, and qualifications which you believe relate to the job or jobs for which you are applying.

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Please list below at least three (3) professional references who have knowledge of your skills and abilities. Indicate in the "Relationship" section how you know the individual (manager, co-worker, customer, user, etc.).

Name _____	Phone Number _____
Address _____	Title _____
_____	Relationship _____
Name _____	Phone Number _____
Address _____	Title _____
_____	Relationship _____
Name _____	Phone Number _____
Address _____	Title _____
_____	Relationship _____

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I understand that it is Graphic Composition, Inc.'s policy not to hire or rehire individuals who use any illegal drugs or prescription drugs without a medically acceptable prescription. Accordingly, all individuals are required to undergo a drug screening test before becoming an employee of Graphic Composition, Inc.

I agree that the specimen I provide will be used to test for the use of drugs such as, but not limited to, amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, LSD, opiates, and PCP.

I understand and agree that the results of this test will be given to Graphic Composition, Inc. and/or a medical review officer of its choice, and I further understand that I will not be employed if the test results are positive.

I understand that if I am hired, either the company or I may terminate my employment at any time, without notice, for any reason.

I certify that all information given on this application is true and correct. I understand that Graphic Composition, Inc. may make an investigation of my work and personal history, and I authorize all persons, schools, prior employers, and customers to supply any information concerning my background and release them from any liability and responsibility arising from their doing so. I also understand that information obtained from inquiries, or any misrepresentation or omission of information on this application may result in my dismissal.

Applicant's Signature Date

~Do not write below this line ~

POSITION/TITLE _____
DEPARTMENT _____
SALARY _____
STARTING DATE _____