

DATE: _____

PERSONAL INFORMATION (PLEASE PRINT OR TYPE ALL INFORMATION)

NAME: LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
CURRENT ADDRESS STREET AND NUMBER	CITY		STATE	ZIP CODE
HOME TELEPHONE ()	BUSINESS TELEPHONE ()			
ARE YOU IMMEDIATELY AUTHORIZED FOR UNRESTRICTED WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT?*				
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, set forth the nature and dates of the conviction, and date of release from prison: _____				

*FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

JOB INTEREST

POSITION DESIRED:	DATE AVAILABLE:
HAVE YOU EVER BEEN EMPLOYED BY MYP? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, date(s) _____
ARE YOU ACQUAINTED WITH OR RELATED TO ANY MYP EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, Please Identify Name and Relationship: _____	
DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe: _____	

EDUCATION

SCHOOL NAME	CITY AND STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED
GED			
HIGH SCHOOL			
COLLEGE			

U.S. MILITARY SERVICE

BRANCH/DUTY LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SPECIAL HONORS / SPECIAL TRAINING SERVICE SCHOOLS ATTENDED

REFERENCES

GIVE NAMES OF TWO PERSONS TO WHOM YOU ARE NOT RELATED AND BY WHOM YOU HAVE NOT BEEN EMPLOYED

NAME	ADDRESS (BE SPECIFIC)	TELEPHONE	OCCUPATION	YEARS KNOWN
1.		()		
2.		()		

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT POSITION)

1	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
	ADDRESS (STREET NUMBER):		FROM	TO	RESPONSIBILITIES:
	CITY/STATE/ZIP CODE:				
	TELEPHONE:				
	SUPERVISOR:				
	REASON FOR LEAVING:				

2	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
	ADDRESS (STREET NUMBER):		FROM	TO	RESPONSIBILITIES:
	CITY/STATE/ZIP CODE:				
	TELEPHONE:				
	SUPERVISOR:				
	REASON FOR LEAVING:				

3	EMPLOYER:	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES EMPLOYED		POSITION:
	ADDRESS (STREET NUMBER):		FROM	TO	RESPONSIBILITIES:
	CITY/STATE/ZIP CODE:				
	TELEPHONE:				
	SUPERVISOR:				
	REASON FOR LEAVING:				

State whether you have ever been terminated or suspended from any previous employment and describe the circumstances:

CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully as they constitute conditions for employment with The Mid-York Press, Inc.

- The information I have provided on this application is accurate and true to the best of my knowledge.
- I understand that any misrepresentation or omission on my application, resume or during the interviewing process may result in the refusal of employment, or, if employed, my immediate termination from MYP employment.
- I authorize the persons, schools, current and prior employers, organizations and references named in this application to verify the information I have provided and to provide any information they have regarding me, whether or not it is in their records, and to provide MYP with information that may be requested by MYP to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I agree that neither MYP nor the providers of the information will be violating my right to privacy in any manner. I hereby waive and release all persons, schools, current and prior employers, and other organizations from any liability arising from the disclosure of any information whether in writing or orally, and further waive and release MYP from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
- I agree to protect confidential information, trade secrets, and proprietary information of MYP, and of MYP's vendors and customers. I will not disclose to MYP any confidential information of others.
- Although MYP makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
- I will be able, if hired, to certify that I am immediately authorized to work in the United States of America for MYP, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
- I understand that because MYP wishes to, among other things, provide and maintain a safe and efficient work environment, MYP will not employ persons who use illegal drugs and/or abuse alcohol or legal drugs, and that MYP retains and exercises the right to screen from employment such individuals. In fact, I agree and consent I will be required to take a pre-employment drug test. Further, I agree to take additional drug tests when/if my name is selected in random testing during my employment.
- I agree that I will, if employed, immediately read MYP's Employee Handbook and that I will conduct myself in accordance with that and all other MYP policies, rules and regulations throughout my employment with MYP. I agree that any violation of any policy, rule or regulation may result in my immediate termination.
- I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either MYP or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change.

Signature of Applicant _____ Date _____