



is an Equal Employment Opportunity Employer which makes employment decisions without regard to race, color, sex, religion, national origin, age, handicap, disability, marital status and all other characteristics protected by law. NPC also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

Newspaper Printing Company is a Drug-Free Workplace.

(Please print clearly and completely answer all questions. Failure to do so may result in disqualification from employment)

POSITION APPLIED FOR: _____ **DATE:** _____

 Last Name First Middle

 Street Address City State/Zip Code Telephone No.

Are you at least 18 years old? **Yes** ___ **No** ___ If not, state your age for child labor law purposes only _____. Are there any days, shifts or hours you will not work? **Yes** ___ **No** ___ If yes, please list the times you will not work _____. Will you work overtime, if required? **Yes** ___ **No** ___

When will you be able to start work? ___/___/___

Have you ever been convicted, pled guilty or pled no contest to any crime? **Yes** ___ **No** ___ (A conviction or plea of no contest will not necessarily disqualify you) If yes, please provide details of the type of crime, the date of the conviction or plea of no contest, and the penalty imposed. _____

Have you ever been a defendant in a civil action for an intentional tort? **Yes** ___ **No** ___. If yes, please provide details regarding the nature of the tort, the date of the action, and the disposition of the action. _____

Can you, within three days after employment, submit documentation verifying that you are legally eligible to work in the United States? **Yes** ___ **No** ___ Have you taken any illegal drugs in the last 30 days? **Yes** ___ **No** ___

How did you learn of our Company? _____ Have you ever applied or worked here before? **Yes** ___ **No** ___. If yes, from ___/___/___ to ___/___/___ List any relatives or friends currently employed here: _____

EMPLOYMENT HISTORY (Please complete for all full-time or part-time)

Company Name _____	Job duties: _____
Address _____	_____
Tel #: () _____ - _____	From: ___/___/___ To: ___-___/___/___
Supervisor _____	Salary:: _____ hourly ___ annually ___
Job title _____	Reason(s) for leaving: _____

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Company Name _____	Job duties: _____
Address _____	_____
Tel #: () _____ - _____	From: ___/___/___ To: ___-___/___/___
Supervisor _____	Salary:: _____ hourly ___ annually ___
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Please explain any gaps in your employment history _____

Have you ever been discharged or asked to resign? **Yes** ___ **No** ___

If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? **Yes** ___ **No** ___

If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? **Yes** ___ **No** ___

If yes, what was the range of scores used and what was your score? _____

=====

MILITARY (complete only if you served in the military)

Branch of Service: _____ Dates of Service: From: ___/___/___ To: ___/___/___

Rank at Discharge: _____ Discharge Date: ___/___/___ Were you honorably discharged? **Yes** ___ **No** ___

Describe any military skills, training or experience you believe are relevant to the job applied for:

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EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

=====

DRIVING RECORD: (May or may not be considered depending on job applied for)

Do you have a valid drivers license? **Yes** ___ **No** ___ Do you have CDL license? **Yes** ___ **No** ___

License No. _____ Have you had any tickets? **Yes** ___ **No** ___

If yes, explain: _____

Has your license ever been suspended or revoked? **Yes** ___ **No** ___ If yes, explain: _____

Do you have any DUI or DWI convictions? **Yes** ___ **No** ___ If yes, explain: _____

Do you have a reliable form of transportation to work? **Yes** ___ **No** ___

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APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract for a definite duration or modification of the at-will employment relationship between me and the Employer.

I understand that any employment offer is contingent upon providing appropriate medical information including, but not limited to, successfully completing a pre-employment medical examination and a drug test.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Company.

Signature: _____ Date: ___/___/___

**



Disclosure & Release

I understand that a Consumer Report(s) or investigative Consumer Report(s) will be conducted and will include information concerning my character, employment history, general reputation, personal characteristics, police records, education, qualifications, motor vehicle record, mode of living, and credit may be obtained in connection with my application for employment. I understand and consent to a connection with my application for employment. I understand and consent to a consumer report and or investigative consumer report to be obtained at any time during the application process or anytime during my employment with the company. A consumer report containing injury and illness and medical information may be obtained after a tentative offer of employment has been made.

I understand and authorize the transmission of these consumer reports or investigative consumer reports electronically. I understand that a substance abuse test or screening may be required of the position for which I am applying and that I will be subject to the Drug Free Work Place policy and procedures of Newspaper Printing Company. I understand that these reports/test/screening may be obtained anytime during my employment with Newspaper Printing Company.

I understand that I have a right to view these reports with reasonable notice during regular business hours and will be accompanied by one other person. I understand that additional State or Local rights may apply regarding consumer reports reported by a Consumer Reporting Agency.

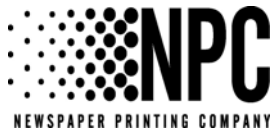
I authorize TruBackgrounds a consumer reporting agency and Newspaper Printing Company to obtain such reports from present or former employer, school, police department, financial institution, division of motor vehicle, consumer reporting agencies, or other persons or agencies having knowledge about me now and at anytime during my employ with the company.

Print your name

Signature

Date

If you are an applicant in the state of California and you would like to receive a copy of the report, if one is obtained, please check here____. Minnesota or Oklahoma applicants, if you would like to receive a copy of the consumer report if one is obtained, please check here____.



5210 SOUTH LOIS AVENUE
 TAMPA, FLORIDA 33611
 PHONE: (813) 839-0035
 Fax: (813) 839-7295

Voluntary Confidential Affirmative Action Information

Name: _____ Date: ____/____/____

As a U. S. Government contractor, Newspaper Printing Company complies with the Affirmative Action regulations of the U.S. Government. In order to be in compliance with these regulations, information is requested from all applicants. This information is for periodic government reporting and will be kept in confidence.

Gender (Please check one): ___ Male ___ Female

Race/Ethnicity (Please check one):

- American Indian or Alaskan Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

VETERAN STATUS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

U.S. Government contractors are subject of the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (38 USC 2012), and to the requirements of Section 503 of the Rehabilitation Act of 1973, as amended, and their implementing regulations.

If you are a special veteran or a person with a handicap, please **volunteer** this information. This information will be kept in confidence except that (1) First aid and safety personnel may be informed if a particular handicap or disability may require emergency treatment or (2) Government officials investigating compliance with the above mentioned Acts.

_____ VETERAN OF THE VIETNAM ERA. Means a person who served on active duty for more than 180 days between August 5, 1964 and May 7 1975; and who was discharged or released with other than a dishonorable discharge.

_____ SPECIAL DISABLED VETERAN. A veteran who is entitled to compensation under laws administrated by the Department of Veteran Affairs for a disability.

_____ HANDICAPPED INDIVIDUAL. "qualified handicapped individual" means a handicapped individual who is capable of performing a particular job, with reasonable accommodation to his/her handicap

Signature

Date