

# The News-Gazette, Inc. / DWS, Inc.

## Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*You must fully and accurately complete this form. Incomplete applications will not be considered.*

PERSONAL INFORMATION

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number(s) Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_ Best time to call? \_\_\_\_\_

E-mail address and/or Web site URL \_\_\_\_\_

Are you applying for:  Full time  Part time  Internship  Temporary

How did you learn of this job opportunity? (Name all that apply) \_\_\_\_\_

Have you ever been employed by any of The News-Gazette, Inc. companies?  Yes  No

Which department? \_\_\_\_\_ When were you employed? \_\_\_\_\_ to \_\_\_\_\_

Do you have relatives currently employed by this organization?  Yes  No

If yes, list their name and department \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? Please explain.

\_\_\_\_\_

\_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

***If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?  Yes  No***

School Name & Address	Course of Study	Circle last year completed	Diploma or Degree
High School _____ _____	_____	1 2 3 4	_____
College _____ _____	_____	1 2 3 4	_____
College _____ _____	_____	1 2 3 4	_____
Technical or business _____ _____	_____	1 2 3 4	_____

Describe any specialized training, apprenticeships or skills that may enhance your ability to perform the job you are applying for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any job-related training received in the U. S. Military, National Guard, Reserves \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Specialized Skills*

- Computers used and proficiency \_\_\_\_\_  
\_\_\_\_\_
- Software used and proficiency \_\_\_\_\_  
\_\_\_\_\_
- Typing proficiency \_\_\_\_\_
- Specialized certifications \_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

Start with your present or most recent job. You may include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Account for all periods of time including periods of unemployment. If self-employed, give name of firm and business references. You may attach an additional page if necessary.

EMPLOYMENT EXPERIENCE

Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor	Starting		
Reason for Leaving		Final		
Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor	Starting		
Reason for Leaving		Final		
Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor	Starting		
Reason for Leaving		Final		

May we contact these employers for references about your employment?  Yes  No

In any previous employment did you receive serious reprimands for poor performance or alleged misconduct?

Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please complete the back page.

Please list three professional references (not relatives) who are acquainted with your work history.

Name	Title/Occupation	Company/Address	Phone Number	Email
1.  <i>How do you know this person?</i>				
2.  <i>How do you know this person?</i>				
3.  <i>How do you know this person?</i>				

I authorize investigation of all statements contained herein and of the references of previous employers listed above to give the employer any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing the same to you.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that, if employed, my employment is "at will" and may be terminated at any time for any reason by myself or The News-Gazette, Inc.

SIGNATURE

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_

*Attention previous employers:*

I hereby authorize you to release information regarding my prior employment to The News-Gazette, Inc. for purposes of its pre-employment investigation. You are released from any and all liability that may result from the furnishing of such information.

Printed name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_