

APPLICATION FOR EMPLOYMENT

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OPM
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OFFSET PAPERBACK MFRS., INC.

Mailing Address: 2211 Memorial Highway

Dallas, PA 18612-1499

Email To: human.resources@opm.com

NOTICE TO APPLICANTS

A drug and alcohol test is required
as a condition of employment

Periodic random tests for illegal drugs are performed

The use of tobacco products including cigarettes, cigars,
pipes and smokeless tobacco is not permitted
on all owned or leased OPM properties

We Are Proud To Be A Drug-Free And Tobacco-Free Workplace

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Last

First
NAME

Middle

PHONE

(First Choice)
(Second Choice)

POSITION APPLIED FOR

DATE

**FOR YOUR APPLICATION TO BE CONSIDERED, COMPLETE ALL
ITEMS ON THE APPLICATION (PLEASE PRINT)**

PERSONAL (Include any former names you used that will be necessary to verify employment and education.)

Name	Contact Email Address
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Street Address	City	State	Zip Code
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Phone (Home/Mobile) _____

Do You Want: Full-Time Work Part-Time Work Summer Work

Do You Agree To Work Weekends, Holidays and/or Overtime As May Be Required Yes No

If No, Please Explain: _____

Do You Object to Working Shifts? Yes No

Indicate The Shifts You Can Work: Shift Preference: Day Shift Afternoon Shift Night Shift

Were You Previously Employed By Us? Yes No If Yes, When? _____

Were You Referred To Us? Yes No If Yes, By Whom? _____

Date Available To Start Work? _____

EDUCATIONAL BACKGROUND

Name & Location of High School Last Attended	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO: Do you have GED certification? _____
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	Course: _____	Grade Average: _____
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Name & Location of College(s), University(ies) Technical, Graduate or Other Schools	Major / Course of Study

MILITARY EXPERIENCE

U.S. Military: Branch _____ Rank at Discharge _____ Training or Specialty (months) _____

EMPLOYMENT HISTORY **YOU MUST COMPLETE THIS SECTION OF THE APPLICATION**

(a resume may be attached in addition to providing the requested information). START WITH YOUR PRESENT OR LAST JOB.

From: Mo. ____ Yr. ____	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
To: Mo. ____ Yr. ____	Position Held	Starting Salary	Final Salary
	Responsibilities:	\$ _____	\$ _____
		Reason For Leaving:	

From: Mo. ____ Yr. ____	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
To: Mo. ____ Yr. ____	Position Held	Starting Salary	Final Salary
	Responsibilities:	\$ _____	\$ _____
		Reason For Leaving:	

From: Mo. ____ Yr. ____	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
To: Mo. ____ Yr. ____	Position Held	Starting Salary	Final Salary
	Responsibilities:	\$ _____	\$ _____
		Reason For Leaving:	

From: Mo. ____ Yr. ____	Firm Name & Address, City, State		
	Supervisor's Name/Title		Phone Number
To: Mo. ____ Yr. ____	Position Held	Starting Salary	Final Salary
	Responsibilities:	\$ _____	\$ _____
		Reason For Leaving:	

Are You On Lay-Off And Subject To Recall? Yes No

SPECIAL EXPERIENCE AND QUALIFICATIONS

Type of Experience/Qualification	Years Exp.	Type of Experience/Qualification	Years Exp.

Have You Ever Supervised Others? Yes No Number Supervised _____

State Nature of Supervision: _____

Have You Any Special Skills Or Operate Special Machinery Or Equipment? Yes No

Specify: _____

OFFICE SKILLS: Typing _____ wpm; Computer/ Word _____ Excel _____ Access _____ ; Other _____

Have you ever been convicted of **ANY VIOLATION** of the law other than minor traffic violations? *(A criminal conviction will not necessarily prevent your employment. Factors such as the date and nature of the offense will be considered.)*

Yes No If Yes, Please Explain Fully: _____

State Any Additional Information You Feel May Be Helpful And Relevant For Us To Have In Considering Your Application:

APPLICANT AGREEMENT

Read Carefully Before Signing

I certify that the facts set forth in my application for employment (and accompanying resume) are true and complete. I agree that false statements or significant omissions may disqualify me from further consideration for employment and, if I am employed, may result in my dismissal. I authorize the company to investigate all statements in this application (and resume, if any) and to make inquiries as it deems necessary in arriving at an employment decision. I hereby authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and other persons to release information they may have about me and I release all parties involved from any and all liability and responsibility for doing so.

Since Offset Paperback Mfrs., Inc. is a service-oriented company, I understand the need for overtime and shift work, and as a condition of initial and continued employment, I agree to adhere to and cooperate with overtime and/or shift requests.

I understand that I am required to abide by all rules and regulations of the Company. I also understand that subject to the provisions of any written superceding and applicable employment or labor agreements, either the Company or I may terminate my employment and compensation at any time, for any reason, with or without cause and with or without notice. Nothing shall change this at-will status of my employment other than a written agreement signed by an OPM senior management representative expressly changing that at-will status.

I also understand that employment is subject to a pre-employment drug/alcohol test and a criminal background check.

Additionally, if a job is offered, I understand that I must provide proof of employment eligibility as required by completing the I-9 Employment Verification form.

Signature of Applicant

Date