Holland Litho
PRINTING SERVICE

10972 Chicago Drive
Zeeland, Michigan 49464

HOLLAND LITHO PRINTING SERVICE, INC.

Email to HLPS

APPLICATION FORM

Name: _____ Today's Date: _____
LAST FIRST MIDDLE INITIAL

Address _____ Email Address: _____
STREET CITY STATE ZIP CODE

Phone numbers:____ _____ _____ _____
LAND LINE CELLULAR OTHER

Position of Interest: _____ Full time ☐ Part time ☐ Temporary ☐
Do you have experience in the printing industry? Yes ☐ No ☐ If yes, please describe: _____

In case of emergency Contact : _____ Phone : _____

Employment Experience

Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:
Company Name:	Date of Hire:
Address:	Date of Separation:
Position:	Phone Number:
Reason for Leaving:	Supervisor's Name:
Description of Duties:	Ending Wage:

	Yrs Completed	Graduated?	GPA	Degree / Major
High School				
Technical or Vocational				
College or University				
Other				

- Are you presently employed? Yes ☐ No ☐
- Have you ever been terminated, separated involuntarily, or suspended from any position? Yes ☐ No ☐
- If yes, please describe _____
- Will you work over time if required? Yes ☐ No ☐ • Do you smoke? Yes ☐ No ☐
- May we contact your current employer? Yes ☐ No ☐
- Are you 18 years old or older? Yes ☐ No ☐ if no, a job permit may be required.
- Have you ever been convicted of a crime in the last seven (7) years? Yes ☐ No ☐
- If yes, please explain _____

(Such conviction may be relevant if job related, but does not bar you from employment.)

List any **SKILLS, ABILITIES OR FORMAL TRAINING** you have received whether or not it is related to printing

REFERENCES (Do not include relatives; **prefer** former supervisors, co-workers, associates)

Name	Relationship	Telephone Land Line and Cellular	Years Known

1. I attest that the information presented in this application is correct and accurate to the best of my knowledge. I understand that if the information is found to be a misrepresentation, it will be sufficient cause to cancel this application for consideration of employment or for termination of employment.
2. I understand that this application will remain active for consideration for six (6) months (180 days). If at the conclusion of this period, I want Holland Litho Services to continue to consider me for employment, I must reapply.
3. It is my understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
4. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.
5. Although management makes every effort to accommodate individual preferences, I understand business needs may at times make the following conditions mandatory: overtime, shift work, a rotating schedule, or a work Saturday and I agree to work these hours.
6. If hired, I agree to read Holland Litho Shop Policy and co-operate with the policies therein.
7. Holland Litho Services has a vital interest in maintaining safe, healthful, and efficient working conditions for our employees and recognizes that individuals under the influence of controlled substances jeopardize the safety and health of other workers as well as themselves. In response to the Drug Free Workplace Act of 1988, and in an effort to maintain a drug free workplace Holland Litho has adopted a substance abuse testing program.
8. If hired in the position applied for and company has no work in that department, I agree to perform other reasonably related duties as assigned by immediate supervisor and other management as required.
9. If hired, I will be required to have a pre-employment physical which may include a drug and alcohol screening test, from a company specified physician or health center at Holland Litho's expense. A satisfactory result is necessary for employment.
10. I understand that as a condition of employment I agree not to commence any action or suit relating to my employment relationship with Holland Litho Services beyond six (6) months (180 calendar days) after the date of the event or the date of termination of employment. I also agree to waive any statute of limitation to the contrary.
11. I agree that my employment may be terminated by Holland Litho Service Inc. at any time without liability for wages or salary except such as may have been earned at the date of such termination and that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.
12. I understand that my employment will not be considered unless this application is completed in its entirety.

Date: _____ Signature: _____