

**Please fill out this application on your computer and click on the email link at the end to send it to our Human Resources Department. You may also print it, fill it out and mail it to the address shown below.**



# Application for Employment

Corporate Office  
3323 Oak Street, Brainerd, Minnesota 56401  
218-829-2877 | Fax 218-829-7145

TEST ADMINISTRATOR'S USE		
Tests Administered	Date	Raw Score
Average Score:		

*We are equal opportunity employers of people who are hard working, honest, friendly and productive.*

Last Name	First	Middle	Date
Street Address			Home Phone No.
City	State	Zip Code	Cell or Message Phone No.
Position applied for	Time available for interview		Date available to start work
Check box for type of employment desired: <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Part-Time		Preferred Shift <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Rate of pay expected \$                      per
Referred to us by:	Were you previously employed by Bang Printing or a subsidiary of Bang Printing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		

Are you able to satisfy the following work schedules?  
a) A schedule that includes Saturdays, Sundays & Holidays as essential function?  Yes    No    b) Overtime work?  Yes    No

Experience with:    Microsoft Excel?                      Microsoft Word?  
                                  Yes    No     Yes    No

What experience, skills or qualifications do you feel would qualify you for work with Bang Printing?

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## Education

Name and Location of Schools Attended	Graduate?		Course of Study or Degree
	Yes	No	
High School(s):			
College, University, Business, Trade or other:			
Night school, correspondence or extension courses completed or diplomas earned:			
Extracurricular activities, clubs, organizations, sports while in school:			

## Military

Branch of Service	Service Related Skills and Experiences
Highest Rank Held	

## List present and past employment below, beginning with the most recent.

1	Name and Address of Company and Type of Business	From		To		Hourly Starting Salary	Hourly Last Salary	Reason for leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Job title & duties:								
	Telephone:								

State reason for any length of inactivity between employers:

2	Name and Address of Company and Type of Business	From		To		Hourly Starting Salary	Hourly Last Salary	Reason for leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Job title & duties:								
	Telephone:								

State reason for any length of inactivity between employers:

3	Name and Address of Company and Type of Business	From		To		Hourly Starting Salary	Hourly Last Salary	Reason for leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Job title & duties:								
	Telephone:								

State reason for any length of inactivity between employers:

4	Name and Address of Company and Type of Business	From		To		Hourly Starting Salary	Hourly Last Salary	Reason for leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Job title & duties:								
	Telephone:								

List by number any job(s) we will not be able to contact for references:

List by number any above company in which you had any financial interest:

List by number any of the above employers to whom you are related:

Have you ever been discharged from a job?  Yes  No If yes, please explain:

## Personal References (Not former employers or relatives)

Name and Occupation	Address	Phone Number
1:		
2:		
3:		

## Personal

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Are you at least 16 years of age?  Yes  No

Are you a United States Citizen?  Yes  No

Do you have the legal right to work in the United States?  Yes  No

Have you ever been bonded?  Yes  No If yes, with which employer(s)?

Name(s) of relatives who currently work at Bang Printing:

## An equal opportunity employer

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It is the policy of Bang Printing not to discriminate in hiring or terms or conditions of employment on the basis of age, race, color, creed, religion, sex, marital status, national origin, ancestry, sexual orientation, arrest record, handicaps, or disability unrelated to job performance.

No question on this application is intended to secure information to be used for any such discrimination.

### Important — Read Before Signing!

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I certify that the statements I made in this application are true and complete. I understand that any false statement or concealment or failure to answer any question fully and accurately will be grounds for refusal to hire, or, if hired, termination of my employment.

I authorize any of the persons or organizations referenced in this application to give Bang Printing any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to Bang Printing. I authorize Bang Printing to request and receive such information.

I understand that I must follow the policies of Bang Printing and that those policies may be changed at any time at the discretion of the employer without prior notice to me.

I acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Bang Printing or myself. I acknowledge that this is an at-will employment relationship.

I understand that no representative of Bang Printing has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

Employees agreement: I am aware that a consumer report and/or investigative consumer report may be requested in connection with my application for employment. If such a report is requested, and in response to a written request from me, you will inform me with the name and address of the consumer reporting agency which furnished the report.

I agree to submit to any lawful testing, physical or otherwise, as requested by Bang Printing. Such testing, physical or otherwise, may be requested prior to acceptance for employment or at any subsequent intervals after employment commences. Such testing, physical or otherwise, will be to determine my fitness to begin or continue employment with Bang Printing.

I acknowledge that this application will remain active for no more than 60 days from the date it was made.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*Please type your name here in place of your signature.*

**Click [HERE](#) to email this form to our Brainerd, Minnesota facility.**

**You may also print the completed form and mail it to:  
Bang Printing, Attn: Human Resources, 3323 Oak Street, Brainerd, Minnesota 56401**

**APPLICANT — Do not write on this page.  
FOR INTERVIEWER'S USE ONLY**

Interviewer	Date	Comments

**FOR TEST ADMINISTRATOR'S USE**

Tests Adminis-tered	Date	Raw Score	Rating	Comments and Interpretation

**REFERENCE CHECK**

Position	Results of Reference Check