



Date \_\_\_\_\_

# Employment Application

**Thank you for completing this application.**

You already may have provided some of this data in an interview or letter, but this application will present your qualifications and background in a more detailed and organized manner and will be used as supplemental data in your evaluation.

It will be kept on file for a period of two years. It is the policy of Lee Enterprises, Incorporated, to provide equal employment opportunity to all qualified persons without regard to race, color, age, religion, sex, national origin or handicap, or as otherwise provided by law. To comply with the law, an applicant must provide documents within three working days of hire indicating proof of identity and employment authorization to work in the United States. This information is required by the Federal Immigration Reform and Control Act of 1986.

**Please do not provide any information other than what is specifically requested. If you do, this application will be invalidated.**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No  N/A

Have you ever been employed here or at another Lee location before?  Yes  No

If so, list date, location and your name at the time if different from your current name:

\_\_\_\_\_

What position are you seeking? \_\_\_\_\_

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

Availability for work:  Full Time  Part Time  Days  Nights  Weekends

Can you travel if a job requires it?  Yes  No \_\_\_\_\_

Answer only if applicable to the job for which you are applying:

Do you have an automobile?  Yes  No Do you have a valid driver's license?  Yes  No

# References

Please list three references who are not related to you and are not previous employers.

Name	City, State	Phone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

May we contact these references?  Yes  No

# Education

	Name of school and location	Degree or years completed
High school	_____	_____
Trade school	_____	_____
College	_____	_____
Graduate school	_____	_____
Post-graduate	_____	_____
Other	_____	_____

Describe degrees, courses of study and specialized training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra-curricular activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any immediate plans to continue your education?  Yes  No

If so, what are your plans? \_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

**Begin with your present or last job.** Exclude organization names that indicate age, race, color, religion, gender, national origin, union affiliation or disability.

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Dates employed, from \_\_\_\_\_ to \_\_\_\_\_ Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

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Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Dates employed, from \_\_\_\_\_ to \_\_\_\_\_ Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

.....

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Dates employed, from \_\_\_\_\_ to \_\_\_\_\_ Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

.....

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Job title \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Dates employed, from \_\_\_\_\_ to \_\_\_\_\_ Starting pay \_\_\_\_\_ Ending pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

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# Other

Are you a veteran of U.S. military service?  Yes  No Branch of service \_\_\_\_\_

Rank at separation \_\_\_\_\_ Length of service, from \_\_\_\_\_ to \_\_\_\_\_

What are your abilities using a computer? \_\_\_\_\_

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Typing speed \_\_\_\_\_ WPM. Other office equipment \_\_\_\_\_

Other experiences, skills or qualifications, including professional, business, volunteer or civic activities?  
(Exclude those that indicate age, race, color, religion, gender, national origin, union affiliation or disability).

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Are you aware of any reason you cannot perform essential functions of the job for which you are applying?

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## Applicant's Statement

I certify that the above information is correct to the best of my knowledge and understand that if hired I may be subject to dismissal for falsifying the employment application form. I further understand and agree that the company may take steps to verify the above information. It is also understood that I may be subject to completing a satisfactory physical examination by a company-named physician at the time of employment by the company and thereafter at any time required by the company. This may include drug and/or alcohol screening exams in accordance with applicable federal and state laws.

I understand and agree that if accepted for employment with Lee Enterprises, Incorporated, my employment is not for a definite term and my employment can be terminated, with or without cause, and with or without notice, at any time at the option of either Lee Enterprises, Incorporated, or myself. I further understand that no agent or representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless designated to do so by an officer of Lee Enterprises, Incorporated.

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