



Printing Industry of Minnesota, Inc.

www.pimn.org

Phone: 651.789.5500

Code No. _____

EMPLOYMENT REFERRAL APPLICATION - Page 2

Applicant Name: _____

Please complete, when not including a Resume (This information will be faxed to PIM's member companies on your behalf.)

WORK EXPERIENCE

*Position	Dates From/To	Company	Supervisor
City, State		Phone	Equipment (size/type)
Equipment, cont.		Other Responsibilities	

*Position	Dates From/To	Company	Supervisor
City, State		Phone	Equipment (size/type)
Equipment, cont.		Other Responsibilities	

*Position	Dates From/To	Company	Supervisor
City, State		Phone	Equipment (size/type)
Equipment, cont.		Other Responsibilities	

RELATED EQUIPMENT/COMPUTER SKILLS/APTITUDES/OPERATIONS, ETC.

EDUCATION

School Attended	City, State	Degree/Area of Study	Year Completed
School Attended	City, State	Degree/Area of Study	Year Completed

REFERENCES - List three

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Mail application (and resume) to: Printing Industry of Minnesota, Rosedale Towers, 1700 Hwy 36 W, Suite 510, Roseville, MN 55113