

## CERTIFICATION AND ACKNOWLEDGMENT

I certify that all information contained in this application, including any resume or other information which I may have submitted, is true and complete and that I have not knowingly withheld any information that would affect my application for employment. I understand that acceptance of this application does not constitute an offer of employment. I further understand and agree:

- Inquiries as to my general reputation and personal character may be made whereby information is obtained from previous employers, or others who have knowledge of me, or consumer or other investigative reporting agencies. I authorize any such persons or agency to give you any and all information concerning my previous employment including an assessment of my job performance, ability, and fitness, and/or any other information they may have, personal or otherwise and release all parties from any and all liability for any damage that may result from furnishing same. Upon my reasonable and timely written request, information as to the nature and scope of any such inquiry will be provided to me.
- Prior to employment, or at any time during employment, employer reserves the right to require any form of medical, drug, psychological, character, honesty, aptitude, skill, or other test or examination except as may be disallowed by applicable Local, State, or Federal statute or regulation.
- I may be required to provide proof of having a driving record acceptable to employer and/or to employer's insurance carrier; and, if employed, a valid driver's license and continue to provide proof of having an acceptable driving record.
- If I am employed, employment and compensation are for no fixed term and may be terminated, with or without cause or notice, at any time at my option or at the option of employer. No employee or representative or employer other than its president/principal has any authority to enter into any written or oral agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REFERENCE CHECK — FOR EMPLOYER'S USE ONLY

Employer	Person Contacted	Date	Results
1			
2			
3			

## TEST RESULTS

Tests Administered	Raw Score	Rating	Analysis and Comments

## INTERVIEW RESULTS

Interviewer Name and Comments



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer.

## PERSONAL DATA

PLEASE PRINT LEGIBLY	DATE	EMAIL
Full Name		Social Security Number
Present Address (Street, City, State, Zip)	How Long?	Home Phone
Previous Address (Street, City, State, Zip)	How Long?	Cell Phone
What position are you seeking?	How did you learn about the position?	Are you over 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	What hours are you willing to work?	Are you willing to work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes
What pay do you expect? \$ _____ per _____	Date available to start work:	Are you presently on layoff from another job and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please explain
Are you presently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, name of employer	May we inquire of your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes If NO, please explain	
Do you have a reliable means of transportation to work? <input type="checkbox"/> No <input type="checkbox"/> Yes If NO, please explain		
Have you ever been convicted of a felony or misdemeanor? (A conviction will not necessarily bar any applicant from employment.) <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, please explain		After hire, can you provide documentation, as required by law, verifying your right to legally work in the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes
Notification in case of emergency:		
Name _____	Relationship _____	
Address _____	Phone Number _____	
Driver's license information		
State	Number	Exp. Date
		Restrictions

## EDUCATION AND SKILLS — CHECK THE BOXES WHICH INDICATE ALL LEVELS OF COMPLETED EDUCATION

<input type="checkbox"/> High School Graduate or <input type="checkbox"/> GED	<input type="checkbox"/> Technical School or College
Name of High School _____	Name of Technical School or College _____
City, State _____	City, State _____
Awards _____	Degree _____
GPA _____	GPA _____

### TRANSCRIPTS REQUIRED UPON REQUEST

Which subject(s) did you like best?	Why?
Which subject(s) did you like least?	Why?
List certificates or licenses you hold, or specialized training you have completed which may help qualify you for employment:	
List equipment you have operated which may help qualify you for employment:	

Describe your technical skills and knowledge of equipment related to the printing field:	
What plans do you have for future education?	
What would you like to be doing 5 years from now?	What income do you expect to be earning in 5 years?
What has been your most interesting job?	What made it interesting?
What work experience did you dislike most?	Why did you dislike it?

**PERSONALITY — PLEASE DESCRIBE YOURSELF**

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**MEDICAL HISTORY**

While physical disabilities are not necessarily a bar to employment, due to the nature of some jobs, you may be required to spend extended periods of time on your feet and perform such tasks as mopping floors, stooping, lifting loads up to 50 pounds and standing for long periods of time.

Please list any physical limitations that might interfere with your ability to perform such tasks, or any conditions which might be aggravated by such tasks:

Have you ever filed an Industrial Accident Claim? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, when and in what state? Date State Injury
Are you still receiving treatment or taking medication for this injury? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, please explain
Have you ever received Worker's Compensation Benefits based on a permanent partial disability? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, did the disability receive a rating of 12% or more? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever had surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, please explain

**WORK HISTORY — THIS SECTION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED FOR EMPLOYMENT ANSWERS SUCH AS "SEE RESUME" ARE NOT ACCEPTABLE**

Company Name (list current or most recent first)	Type of business
Address	Telephone
Dates employed (month/year)	Job title
Supervisor's name and title	Salary ( hour / week / month ) Start End
Description of duties	
Reason for leaving (check one and explain) <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated	If still employed, may we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
Company Name (current or most recent)	Type of business
Address	Telephone
Dates employed (month/year)	Job title
Supervisor's name and title	Salary ( hour / week / month ) Start End
Description of duties	
Reason for leaving (check one and explain) <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated	If still employed, may we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Description of duties	
Reason for leaving (check one and explain) <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated	If still employed, may we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes

**TIME PERIODS WHEN NOT EMPLOYED — LIST ALL UNEMPLOYED OR SELF-EMPLOYED PERIODS SUCH AS COLLEGE, MATERNITY LEAVE, LAYOFF, ILLNESS OR INJURY**

Date (month/year)	Reason
Date (month/year)	Reason
Date (month/year)	Reason

**U.S. MILITARY RECORD**

Service branch	Dates of service From To	Initial rank	Final rank
Please describe your duties and responsibilities during your period of service in the military which may relate to the position for which you are applying, including all promotions and supervisory positions held:			
Are you a member of the Active Reserve? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, what is your obligation?		