Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)		
Position(s) Applied For	Date of Application	
How Did You Learn About Us? Advertisement Friend Walk-In		3-77
Employment Agency Relative Other		
Last Name First Name Middle	e Name	
Address Number Street City Sta	te	Zip Code
Telephone Number (s)	Social Security Number	
If you are under 18 years of age, can you provide required		
proof of your eligibility to work?	□ Yes	□No
II	- Tr	
Have you ever filed an application with us before?	□ Yes	□No
If Yes, give	date	
Have you ever been employed with us before?	\square Yes	□ No
If Yes, give	date	
11 105, 5110		
Are you currently employed?	□ Yes	\square No
May we contact your present employer?	□ Yes	□ No
we contact your present employer:	□ 165	
Are you prevented from lawfully becoming employed in this		
country because of Visa or Immigration Status?	□ Yes	□No
Proof of citizenship or immigration status will be required upon employment.		
On what date would you be available for work?		
Are you available to work: □ Full Time □ Part Time □ Shift	t Work □ Ter	nporary
Are you currently on "lay-off" status and subject to recall?	\square Yes	□No
Can you travel if the job requires it?	□ Yes	\square No
Have you been convicted of a felony within the last 7 years:?	□ Yes	□No
Conviction will not necessarily disqualify applicant from employment.		
If Yes, please explain		

Education

		Elen	nentar	y Sch	ool			Hig	h So	chool				Under College/	graduat 'Univer:		,		Graduate/ Professional		
School Name and Location																					
Years Completed	4	5	6	7	8	9		10		11		12	1	2	3		4	1	2	3	4
Diploma / Degree																					
Describe Course of Study			,																		
Describe any specialized raining, apprenticeship, kills and extra-curricular activities						.	2		H											*	
Describe any nonors you have received												П									
State any additional information you feel may be helpful to us in considering your application								<u> </u>						-							
Ir	ndic	ate	any	/ fo	reign	lang	gua	ages	у	ou c	an	spe	ak, r	ead a	and/o	or w	vrit	e			
				- W. W.	FLUE	NT						W	ELL	8,,					FAIR		
SPEAK																					
READ																					
WRITE																					
Reference Give name, addressort previous emples.	es es a oye	nd ers.	tele	pho	one nu	ımbe	er	oft	hre	ee re	feı	renc	es w	ho a:	re no	ot re	elat				
Have you ever had	d an	ıy j	ob-:	rela	ted tr	ainir	ng	in t	he	Uni	te	d St	ates	milit	ary?			Yes	;		No
Are you physically	y or	ot	her	wise	e unal	ole to	o j	perf	or	m th	e c	lutie	es of	the j	ob f	or v		ch y Yes			No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, handicap or other protected status.

Employer		Dates Er	nployed	W 1 D C :
	The state of the s	From	То	Work Performed
Address				
Telephone Number(s)		Hourly Ra	ite/Salary	
reseptione realises (b)		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates En	nnloved	
Employer	5 ¥	From	То	Work Performed
Address				
Telephone Number(s)		Hourly Ra	te/Salary	
-		Starting	Final	
Job Title	Supervisor			F 2
Reason for Leaving				
Employer		Datas Fa	11	20
Employer		Dates En From	То	Work Performed
Address				
Telephone Number(s)	-	Hourly Ra Starting	te/Salary Final	
ob Title	Supervisor			
Reason for Leaving				
Employer		Dates En		Work Performed
Address		From	То	WOLK I CHOTHICO
			4,0	
Telephone Number(s)		Hourly Ra		
at most		Starting	Final	
ob Title	Supervisor			
Reason for Leaving				
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If you need additional space, please continue on a separate sheet of paper	c.
Special Skills and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Application	Date	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

			,	
FOR	PERSONNEL	DEPARTMENT	USE ONLY	
Arrange Interview ☐ Yes Remarks	□No			
Employed	□No	Date of Em	nployment	
	Hou	ırly Rate/Pay	Department	
By	NAME AND TITI	Æ	DATE	
NOTES				
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8	8			
	-			

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