APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

	(PLE	ASE PRINT)			
Position(s) Applied For			Date	e of Application	
How Did You Learn About Us? Advertisement Employment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other	'		
	T" , NT		xe-1.11 . x	r	
Last Name	First Name		Middle N		
Address Number S	treet	City	State	Zip	Code
Telephone Number(s)			Social Security N	Iumber (Volunt	ary)
Best time to contact you at ho.	me is:			:	AM PM
If you are under 18 years of ag proof of your eligibility to wor		required		Yes	□ No
Have you ever filed an applica	tion with us before?)		🗌 Yes	□ No
Have you ever been employed	with us before?			🗌 Yes	□ No
If Yes, give date					
Do any of your friends or relat	ives, other than spo	ouse, work here?		🗆 Yes	□ No
Are you currently employed?				🗆 Yes	□ No
May we contact your present e	mployer?			🗆 Yes	□ No
Are you prevented from lawful country because of Visa or Imperior of citizenship or imperior in the country because of the country becaus	migration Status?		nployment		□ No
Date available for work/_	/ What is ye	our desired salary ra	nge?		
Are you available to work:	☐ Full-Time	(please indicate 1	2 3 shift)		
	☐ Part-Time	(please indicate M	ornings Aftern	oon Evenir	ngs)
	☐ Temporary	(please indicate da	tes available	_//	_//)
Are you currently on "lay-off"	status and subject to	o recall?		🗆 Yes	□ No
Can you travel if a job requires	s it?			🗆 Yes	□ No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Describe any job-related	training received in the Ur	iited States military.		
3				

ADDITIONAL INFORMATION

ther Qualification	<u>is</u>		
ummarize special job-1	related skills and qualifica	ations acquired from em	ployment or other experience.
ECIALIZED SKILLS	S (CHECK SKILLS/	EQUIPMENT OPERATION	ED)
Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
		Macinnery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand	***********	
WPM	WPM		======
ita ann additional inf	ormation you feel may b	a halmful to us in some	idanina
	NOT ANSWER THIS QUE		
IFORMED ABOUT TH	E REQUIREMENTS OF	THE JOB FOR WHICH	YOU ARE APPLYING.
	· ·	, for which you are app	lying, either with or without a
asonable accommodati	ion?	_YESNO	
EFERENCES			
	(Name)	(_) Phone #
	(Address)		
-	(Name)	()Phone #
			THOM:
	(Address)		
-	(Name)	()Phone #
	(Mame)		rnone #

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, gender, national origin, disabilities or other protected status.

Employ	yer		<u>Dates E</u> From	mployed To	Work Performed
Address		1			
Telepho	ne Number(s)		Hourly R Starting	ate/Salary Final	
Job Title	e	Supervisor			
Reason	for Leaving				
Employe	er		Dates E	mployed To	Work Performed
Address					
Telepho	ne Number(s)		Hourly R Starting	ate/Salary Final	
Job Title	e	Supervisor			
Reason	for Leaving				
Employe	er		Dates E	mployed To	Work Performed
Address					
Telepho	ne Number(s)		Hourly R Starting	ate/Salary Final	
Job Title	e	Supervisor	Starting	Tilled	
Reason	for Leaving				
Employe	er		Dates E From	mployed To	Work Performed
Address			Proni	10	
Telepho	ne Number(s)		Hourly R	ate/Salary Final	
Job Title	e	Supervisor		7 111611	
Reason	for Leaving				
	If you need a	dditional space, ple	ase continue o	n a separa	ate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:	r

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

Signature of Applicant

By _

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.

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.

		FOR	PERSONNEL DE	PARTMENT	USE ONLY		
Arrange Int	erview	☐ Yes	□ No				
Remarks _							
					INTERVIEWER	DATE	
Employed	□Yes	□No	Date of Emplo	oyment			
Ioh Title		H	ourly Rate/	Department			

NAME AND TITLE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.





Date

DATE