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	EASE PRINT)			
Position(s) Applied For			Date	of Application	
How Did You Learn About Us? Advertisement Employment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other			
Last Name	First Name		Middle Na	me	
Address Number S	Street	City	State	Zip	Code
Telephone Number(s)			Social Security Nu	mber (Volunta	ary)
Best time to contact you at ho	me is:			:	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?					□ No
Have you ever filed an applica	tion with us before	?		☐ Yes	□ No
		If Yes, give date			
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 employer?					□ No
Are you prevented from lawful country because of Visa or Imperior of citizenship or imperior of citize	migration Status?	• ACT CO COMMISSION CONTROL CO	iployment	□ Yes	□ No
Date available for work/_	/ What is y	our desired salary ran	nge?		
Are you available to work:	☐ Full-Time	(please indicate 1	2 3 shift)		
	☐ Part-Time	(please indicate Mo	ornings Afternoo	on Evenin	gs)
	☐ Temporary	(please indicate dat	es available/		_//)
Are you currently on "lay-off" s	status and subject to	o recall?		☐ Yes	□ No
Can you travel if a job requires	it?			□ Ves	□ No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				361
Undergraduate College				
Graduate Professional				
Other (Specify)				
Describe any specialized to	raining, apprenticeship, s	kills and extra-curricular	activities.	
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Total and the second se	enter en Ferne			
			2011-11-11-11-11-11-11-11-11-11-11-11-11-	
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Describe any job-related tr	aining received in the Un	ited States military.		
1				

ADDITIONAL INFORMATION

Other Qualification	ns		
Summarize special job	-related skills and qualifica	ations acquired from em	ployment or other experience
			
PECIALIZED SKILI	S (CHECK SKILLS/	EQUIPMENT OPERATI	ED)
Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing	watermery (list)	Other (list)
Typewriter	Shorthand	,	
WPM	WPM		
		\	,
ate any additional in	formation you feel may b	e helpful to us in consi	dering
ur application.			
	DO NOT ANSWER THIS		
INFORMED ABOU	T THE REQUIREMENTS	OF THE JOB FOR WH	ICH YOU ARE APPLYING.
an vou perform the ess	ential functions of the job	for which you are appl	ying, either with or without a
asonable accommodat		_YESNO	ymg, either with or without a
FERENCES			-
		()
	(Name)		Phone #
	(Address)	·	
	(Norma)	(Ÿ.
	(Name)		Phone #
	(Address)		
		2	· ·
	(Name)	(Phone #
	(Address)		

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.

Employer			mployed	Work Performed		
Address		From	То	Work Ferrormed		
Address						
Telephone Number	r(s)		ate/Salary			
2 4 2 3		Starting	Final			
Job Title	Supervisor					
Reason for Leaving	3					
Employer			mployed	Work Performed		
Address		From	То			
Telephone Number	r(s)	Hourly R	ate/Salary			
•		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
Employer	A	Dates E	mployed To	Work Performed		
Address	±	From	10			
Telephone Number	(s)	Hourly R				
Job Title	Supervisor	Starting	Final			
Reason for Leaving						
Employer		Dates E	mployed	Work Performed		
Address		From	То	work Performed		
Audress						
Telephone Number	(s)	Hourly Range	ate/Salary Final			
Job Title	Supervisor					
Reason for Leaving	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
~0	you need additional space					

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 protected status:	y or other

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

Signature of Applicant

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.

10年产生为13	Carlotte Control	FOR	PERSONNEL	DEPARTMENT	USE ONLY		
Arrange Interv	<i>r</i> iew	□ Yes	□ No				
Remarks				Toner I			
Employed	Yes	□ No	Date of E	mployment	INTERVIEWER	DATE	
Job Title		Н	ourly Rate/ Salary	Department _			
	Ву						
				NAME AND TITLE	DATE		

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho 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