

APPLICATION FOR EMPLOYMENT

TO APPLICANT: Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age or national origin.

PERSONAL	(PLEASE	PRINT)		DATE:	
Name	Social Security NoDat		te of Birth		
Address		City		_State	Zip
Telephone	Referred by:	_Our Ad	Emp	. Agency	Friend or Relative
Position applied for:					
On what date would you be	available to work?		Rate of pa	ay desired	
Are you available to work _	Full Time	Part Tin	ne	Weekends	Evenings
Specify days/hours available	2				
Have you filed an application	n here before?	If y	es, when?		_
List any friends or relatives	working for us				
Do you have a valid Drivers State of Issue Have you ever been convicte offenses)?Yes	Points Eved of a crime within	ver suspended the past ten ye	ears (exclu	iding misdeme	eanors and traffic
Do you have any physical liconsidered? (if yes, please d					
EDUCATION					
NAME	& LOCATION OF SCI	HOOL		NO OF YRS	DID YOU
				COMPLETE	GRADUATE
COLLEGE					
HIGH SCHOOL					
ELEMENTARY					
OTHER					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name			Telephone ()		
Address			Employed (State Month & Year)		
City	State	Zip	From	to	
Name of Supervisor			Weekly Pay: Start	Last	
Job Title & Describe your work			Reason for Leaving	:	

Company Name			Telephone ()
Address			Employed (State Month & Year)
City	State	Zip	From to
Name of Sup	ervisor		Weekly Pay: Start Last
Job Title & Describe your work			Reason for Leaving:

Company Name		Telephone ()	Telephone ()		
Address		Employed (State Month	Employed (State Month & Year)		
City	State	Zip	From to		
Name of Supe	ervisor		Weekly Pay: Start	Last	
Ste Job Title & Describe your work		Reason for Leaving:			

Company Name		Telephone ()	Telephone ()		
Address			Employed (State Month	& Year)	
City	State	Zip	From to		
Name of Supervisor			Weekly Pay: Start	Last	
Job Title & Describe your work		Reason for Leaving:			
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Company Name			Telephone ()
Address			Employed (State Month & Year)
City	State	Zip	From to
Name of Supervisor			Weekly Pay: Start Last
Job Title & D	escribe your work		Reason for Leaving:

We will contact the employers listed above unless you indicated those you do not wish us to contact and the reason.

REFERENCES

NAME & OCCUPATION	ADDRESS	RELATIONSHIP	PHONE #	YRS. ACQUAINTED

Copying, printing, reprographic or computer experience? (list machines and programs with which you are familiar)						
Are you either a United States Citizen or National?Yes	No					
If not, are you an alien who is lawfully authorized to work in the	e United States? Yes No					

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which will be specified by the federal government, establishing their identity and authorization for employment in the United States. These documents will be required to be produced within seventy-two hours before commencement of employment. You also will then be required to sign prior to start of work Form I-9 (or other form required by the federal government) verifying, under oath, your employment authorization

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. I release the Company from any liability in connection with its research. I understand that this application is not, and is not intended to be, a contract of employment.

In the even 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 would be required to abide by the rules and regulations of the Company.

I acknowledge that employment if offered, is employment at value termination at any time at the discretion of the employer without wages earned up to the date of termination.	1 2 3	r
Signature of Applicant	Date	
Signature of Applicant	Date	