### NAME

# POSITION:

## **Application For Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

| ow Did You Learn About Us?  Advertisement  | 2        | Zip Code  No |
|--|----------|--------------|
| Advertisement  | mber Yes | □ No         |
| Employment Agency Relative Other  ast Name First Name Middle Name  Address Number Street City State  Elephone Number(s) Social Security Number of Age, can you provide required of First Name Social Security Number of First Name Middle Name of Street City State  Social Security Number of First Name Middle Name of Street City State  Social Security Number of First Name Middle Name of First Name Middle Name of Street City State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name Middle Name of State  Social Security Number of First Name of State  Social Security Number of First Name of State  Social Security Number of First Name of Social Security Number of First Name of State  In Social Security Number of State  In Social Security Number of State  Social Security Number of State  Social Security Number of State  In Social Security Number of State  Social Security Number of State  In Soc | mber Yes | □ No         |
| Asst Name  First Name  Middle Name  Address  Number  Street  City  Social Security Number  First Name  Middle Name  Social Security Number  First Name  Middle Name  Social Security Number  First Name  Middle Name  Social Security Number  First Name  First Name First Name  First Name First Name First Name First Name First Name First Name First Name First Name First Name First Name First Name First Na | mber Yes | □ No         |
| ddress Number Street City State  Social Security Number of age, can you provide required poof of your eligibility to work?  If Yes, give date are you ever been employed with us before?  If Yes, give date are you currently employed?  If Yes, give date are you currently employed?   | mber Yes | □ No         |
| you are under 18 years of age, can you provide required of your eligibility to work?  If Yes, give date  ave you ever been employed with us before?  If Yes, give date  ave you currently employed?  ay we contact your present employer?  | mber     | □ No         |
| you are under 18 years of age, can you provide required of your eligibility to work?  If Yes, give date  ave you ever been employed with us before?  If Yes, give date  ave you currently employed?  ay we contact your present employer?  | mber     | □ No         |
| you are under 18 years of age, can you provide required of your eligibility to work?  If Yes, give date we you ever been employed with us before?  If Yes, give date wou currently employed?  If Yes, give date wou currently employed?  | Yes      |              |
| oof of your eligibility to work?  Inve you ever filed an application with us before?  If Yes, give date   |          |              |
| oof of your eligibility to work?  Inve you ever filed an application with us before?  If Yes, give date   |          |              |
| If Yes, give date  ave you ever been employed with us before?  If Yes, give date  If Yes, give date  If Yes, give date  ave you currently employed?  If Yes, give date  If Yes, give date  If Yes, give date   | ] Yes    | □No          |
| If Yes, give date  ave you ever been employed with us before?  If Yes, give date  If Yes, give date  If Yes, give date  ave you currently employed?  If Yes, give date  If Yes, give date  If Yes, give date   |          |              |
| If Yes, give date gou currently employed?  The you currently employed?  The you currently employed?  |          |              |
| If Yes, give datee you currently employed?e you contact your present employer?e  | Yes      | П No         |
| e you currently employed?  ay we contact your present employer?  | ] 168    |              |
| ay we contact your present employer?   |          |              |
|  | Yes      | ☐ No         |
| a you prevented from lawfully becoming employed in this  | Yes      | □ No         |
|  |          |              |
| country because of Visa or Immigration Status?  Proof of citizenship or immigration status will be required upon employment.   |          | □ No         |
| what date would you be available for work?   |          |              |
| e you available to work:   Full Time   Part Time   Shift Work  | ☐ Ten    | nporary      |
| e you currently on "lay-off" status and subject to recall?   | Yes      | □ No         |
| n you travel if a job requires it?   | ] Yes    | □ No         |
|  |          |              |
|  |          |              |

#### Education

|               |                  | Name and Address<br>of School | Course of Study    | Years<br>Completed | Diploma<br>Degree                                 |
|---------------|------------------|-------------------------------|--------------------|--------------------|---|
| Elem<br>Scl   | entary<br>nool   |                               |                    |                    |   |
| H<br>Scl      | igh<br>100l      |                               |                    |                    |   |
| Underg<br>Col | raduate<br>lege  |                               |                    |                    |   |
|               | luate<br>ssional | 3                             |                    |                    |   |
|               | her<br>ecify)    |                               | ,                  |                    | -   |
|               | Indicate an      | y foreign languages           | you can speak read | and or write       | a .   |
|               |                  | LUENT                         | GOOD GOOD          | FAI                |   |
| SPEAK         |                  |                               |                    |                    |   |
| READ          |                  |                               |                    |                    | incomplete entrance and open on special sections. |
| WRITE         |                  |                               |                    |                    |   |
|               | enacialized to   | raining, apprenticeship,      | skills and         |                    |   |
|               | lar activities.  |                               |                    |                    |   |
| extra-curricu | ar activities.   |                               |                    |                    |   |
| extra-curricu | job-related to   | raining received in the U     |                    |                    |   |

#### **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            |                     | Dates E       | mployed     | 717 1 D C 1          |  |
|---------------------|---------------------|---------------|-------------|----------------------|--|
|                     |                     | From          | То          | Work Performed       |  |
| Address             |                     |               |             |                      |  |
| Telephone Number(s) |                     | Hourly R      | ate/Salary  |                      |  |
|                     |                     | Starting      | Final       |                      |  |
| Job Title           | Supervisor          |               |             |                      |  |
| Reason for Leaving  | ·                   |               |             | -N                   |  |
| Employer            |                     | Dates En      | mployed     | 1 5 6 1              |  |
|                     |                     | From          | To          | Work Performed       |  |
| Address             |                     |               |             |                      |  |
| Telephone Number(s) |                     | Hourly R      | ate/Salary  |                      |  |
|                     |                     | Starting      | Final       |                      |  |
| Job Title           | Supervisor          |               |             |                      |  |
| Reason for Leaving  |                     |               |             |                      |  |
| Employer            |                     | Dates E       | mployed     |                      |  |
|                     |                     | From          | То          | Work Performed       |  |
| Address             |                     |               |             |                      |  |
| Telephone Number(s) |                     | Hourly R      | ate/Salary  |                      |  |
|                     |                     | Starting      | Final       |                      |  |
| Job Title           | Supervisor          |               |             |                      |  |
| Reason for Leaving  |                     |               |             |                      |  |
| Employer            |                     | Dates E       | mployed     | 117 1 D C 1          |  |
|                     |                     | From          | То          | Work Performed       |  |
| Address             |                     |               |             |                      |  |
| Telephone Number(s) |                     | Hourly Ra     | ate/Salary  |                      |  |
|                     |                     | Starting      | Final       |                      |  |
| Job Title           | Supervisor          |               |             |                      |  |
| Reason for Leaving  |                     |               |             |                      |  |
| If you need ac      | lditional space ple | ease continue | on a separa | ate sheet of paper.  |  |
| II you need ac      | iditional space, pi | case comminde | on a sopar  | are street or puper. |  |
|                     |                     |               |             |                      |  |

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:

#### **Additional Information**

| Other Qualifications  |                               |                                     |             |            |                          |
|---|-------------------------------|-------------------------------------|-------------|------------|--------------------------|
| Summarize special job-relat   | ed skills and quali           | ifications acquired from            | m em        | ployn      | nent or other experience |
|   |                               |                                     |             |            |                          |
|   |                               |                                     |             |            | 9                        |
|   |                               |                                     |             |            |                          |
|   |                               |                                     |             |            |                          |
|   |                               |                                     |             |            |                          |
|   |                               |                                     |             |            |                          |
| pecialized Skills   | Check Skill                   | ls/Equipment Ope                    | erate       | d          |                          |
|   |                               |                                     |             |            |                          |
| CRT   | Fax                           | Production/Mobile Machinery (list): |             | Other      | (list)                   |
|   |                               | Machinery (list):                   |             | Other      | (list).                  |
| PC  | Lotus 1-2-3                   | A                                   |             |            | 9                        |
| Calculator  | PBX System                    | 9                                   |             |            |                          |
| Typewriter  | Wordperfect                   |                                     |             | vi s       | 3                        |
|   |                               |                                     |             |            | · .                      |
|   | 1                             |                                     |             |            | v                        |
| Tote to Applicants: DO NO<br>NFORMED ABOUT THE F  | T ANSWER THIS<br>REQUIREMENTS | QUESTION UNLESS<br>OF THE JOB FOR W | YOU<br>HICH | HAV<br>YOU | E BEEN<br>ARE APPLYING.  |
| re you capable of performition in the reasonable accomes or occupation for which ctivities involved in such a | modation, the act             | ivities involved in the             |             | YE         | ESNO                     |
| eferences   |                               |                                     |             |            |                          |
| 1.  |                               | .6                                  | (           | )          | -                        |
| 1,  | (Name)                        |                                     |             | ,          | Phone #                  |
|   | •                             |                                     |             |            |                          |
|   | (Address)                     |                                     |             |            |                          |
| 2   |                               |                                     | (           | )          | Dl #                     |
|   | (Name)                        |                                     |             |            | Phone #                  |
|   | (Address)                     |                                     |             |            |                          |
| 3.  |                               |                                     | (           | )          |                          |
| V 1   | (Name)                        |                                     |             | ,          | Phone #                  |
|   |                               |                                     |             |            |                          |
|   | (Address)                     |                                     |             |            |                          |

#### Applicant's Statement

NOTES \_\_\_\_\_

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 Applicant Date FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview Yes Remarks\_ INTERVIEWER Employed Yes No Date of Employment \_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_ Department\_\_\_\_ By \_\_\_\_\_ NAME AND TITLE DATE

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