

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? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

| | | | | | |
|---------------------|--------|------------|------|------------------------|----------|
| Last Name | | First Name | | Middle Name | |
| Address | Number | Street | City | State | 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

Have you ever filed an application with us before? ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If Yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

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 Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR POST HIRE USE ONLY DETACH HERE

Education

| | Elementary School | | | | | High School | | | | Undergraduate College / University | | | | 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 training, apprenticeship, skills and extra-curricular activities | | | | | | | | | | | | | | | | | |
| Describe any honors you have received | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | | | | | | | | | | | | | | |

| Indicate any foreign languages you can speak, read and / or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

| |
|--|
| |
| |
| |
| |

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Have you ever had any job-related training in the United States military?

☐ Yes ☐ No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ 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, gender, national origin, handicap or other protected status.

| | | | | | |
|----|---------------------|------------|--------------------|-------|----------------|
| 1. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

| | | |
|---------------------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Social Security No. | | |

| Complete Only The Sections Below That Have Been Checked | | | |
|---|---|---|-----|
| Current Job | | | |
| Check One: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age |
| Check One Of The Following: (Ethnic Origin) | | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other | <input type="checkbox"/> Asian/Pacific Islander | |
| Check If Any Of The Following Are Applicable | | | |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Handicapped Individual | |

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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 acknowledge that any employment relationship with this Company 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 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 the Company.

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 ☐ No

Remarks _____

INTERVIEWER DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES

DO YOU HAVE A CURRENT CDL? ☐ YES ☐ NO

WOULD YOU BE WILLING TO OBTAIN A CDL? ☐ YES ☐ NO

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