

Employment Application

The law prohibits discrimination because of race, color, religion, sex, age, national origin, and handicap.



Personal

Print or type all information:

Date of application:

Phone: ()

AREA CODE

TELEPHONE NO.

Name:

LAST

FIRST

INITIAL

Social security no

Address:

NUMBER

STREET

CITY

STATE

ZIP CODE

How long have you lived at the above address?

Are you over eighteen years of age? Yes ☐ No ☐ If not, what is your age?

Drivers license:

Person to be contacted in case of emergency:

Address:

Telephone: ()

AREA CODE

Availability

What led you to contact us for employment?

Interested in what type of position(s)?

Date available for employment:

What transportation will you use to get to work?

Miscellaneous

Have you worked for this company previously? Yes ☐ No ☐ if yes, location:

Date:

Supervisor's name:

Date and reason for leaving:

Do you have any illness, injury or mental conditions,
Which might interfere with performing certain kinds of work? Yes ☐ No ☐

If yes, describe in full:

A/M 1250 Multi-press Operation

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

A/M 1650 Multi-press Operation

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Other Press Operation

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

List: _____

Dark Room/Camera Operation

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Bindery Equipment

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Computer Aided Design

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Paste-up/Layout Artwork

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Receptionist Or Public Relations

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Marketing Or Sales Work

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Telephone Solicitation Work

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

(OTHER PRINTING RELATED WORK)

FULLY EXP. ☐

SOME EXP. ☐

NO EXP. ☐

Education

	High School				Trade/Technical				College				Graduate			
Circle highest grade completed	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Education is in progress, give name and address of school:

Work History

In order for this application to be considered you must account for all the time since leaving school, or the past 7 years, whichever is shorter.

Name of present employer: _____ Phone: () _____

Address: _____

NUMBER	STREET	CITY	STATE	ZIP CODE

Dates of employment: From _____ to _____ Hourly pay: Starting _____ Ending _____

☐ Full time ☐ Part time Supervisor's name _____

Describe your duties:

Reason for leaving: _____

Previous employer: _____ Phone: () _____

Address: _____

NUMBER	STREET	CITY	STATE	ZIP CODE

Dates of employment: From _____ to _____ Hourly pay: Starting _____ Ending _____

☐ Full time ☐ Part time Supervisor's name _____

Describe your duties:

Reason for leaving: _____

Please read the following paragraph very carefully before signing this application

I certify that to the best of my knowledge and belief that statements made by me in this application are correct and complete without omission of any kind whatsoever. I understand that any false information when applying for employment whether in this application or otherwise, may be cause for discharge at any time during employment. You are hereby authorized to investigate all the statements made in this application.

Also understand that for your safety and the safety of the employees, you may be asked to submit to a drug test upon the owners request.

Further understand that if I am hired I will not have an employment contract and that my employment and compensation can be terminated with or without notice or cause at any time by the company or me.

Applicant's Signature _____ Date _____

COMPANY USE ONLY DO NOT WRITE BELOW THIS LINE

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