

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone (_____) _____
Area Code

If employed and you are under 18,
 can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? 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
 may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Tempo

Are you on a lay-off 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? No Yes
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

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

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

CDL License YES NO CLASS _____

Indicate languages you speak, read, and/or write.

216 # d ABSTRACT RECORD

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin): _____

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973 amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

EDUCATION

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application

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 understand that this application is not and is not intended to be a contract of employment.

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 Company.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ NAME AND TITLE _____

DATE _____

This Application For Employment and Applicant Data Record is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the inclusion in said form of any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.