## 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.

	(PLEA	SE PRINT)			
Position(s) Applied For				Date of Applicat	ion
			'		
How Did You Learn About Us?		□ X17 . 11 . T			
☐ Advertisement	☐ Friend	☐ Walk-In			
☐ Employment Agency	☐ Relative	Other			
Last Name	First Name		Mic	ddle Name	
Address Number	Street	City		State	Zip Code
Telephone Number(s)	·	,	Social Secu	ırity Number	
If you are under 18 years proof of your eligibility t		provide require	ed	☐ Yes	□ No
Have you ever filed an a	pplication with u	s before?		☐ Yes	$\square$ No
		If Y	es, give da	te	
Have you ever been emp	loyed with us bef	fore?		☐ Yes	$\square$ No
		If Y	es, give da	te	
Are you currently employ	yed?			☐ Yes	□ No
May we contact your pre	esent employer?		÷	☐ Yes	□ No
Are you prevented from country because of Visa  Proof of citizenship or immigrat	or Immigration S	Status?	this	☐ Yes	□ No
On what date would you	be available for	work?			
Are you available to wor	k: 🗌 Full Time	☐ Part Time	□ Shift V	Work □ Te	emporary
Are you currently on "lay	y-off" status and	subject to recal	11?	☐ Yes	□ No
Can you travel if a job re	equires it?			☐ Yes	□No

## Education

	:	Elementary School						High School					Undergraduate College / University								Gr Pro		ate		
School Name an	nd Location								•																
Years Co	mpleted	4	5	6	7	7 8	8	9	1	0	11	1	12	1		2	T :	3	4	+	1	2		3	
Diploma	/ Degree		<u></u>	1													L								
Describe Course	of Study						8																		
Describe any special training, apprension skills and extra- activities	ticeship,		-					<u> </u>						<u> </u>											
Describe any honors you have received	•			_		*-								-											
State any additional information you helpful to us in your application	feel may be considering																								
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WRITE																1									
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Refere	ences																								
•	address a e not previ	ous	er er	ıp.	loy	ers	•																	ed	to
Have you ev	er had any	, jo	b-re	la	ted	l tra	air	ning	in	tŀ	ie l	Jni	ite	d S	tat	es	m	ili	tar	y?					
f Yes, pleas	e describe																				Y	es —		] <u>]</u>	No —
Are you phy	rsically or	oth	eru		e 11	ına <sup>l</sup>	<u>Ы</u>		ne				he	dir	+i/		of.	th.	_ ;			r	<sub>x</sub> ,h	icl	1 374
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## **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.

Employer		Dates Er	nployed	Marl D. C. 1		
ddress		From	То	Work Performed		
Telephone Number(s)		Hourly Ra		•		
Job Title	Supervisor	Starting	Final			
Reason for Leaving						
Employer	Dates Er		Work Performed			
Address		From	То	WOIR I CHOIMED		
Telephone Number(s)		Hourly Ra				
Job Title	Supervisor	Starting	Final			
Reason for Leaving	Supervisor		,			
Employer		Dates Er	nployed To	Work Performed		
Address	-					
Telephone Number(s)		Hourly Ra	ite/Salary Final	4		
Job Title	Supervisor	Starting	1 mat			
Reason for Leaving						
Employer		Dates Er From	nployed To	Work Performed		
Address		FIOIII	10	· · · · · · · · · · · · · · · · · · ·		
Telephone Number(s)	•	Hourly Ra	ite/Salary Final			
Job Title	Supervisor	Graiting	THIAL	•		
Reason for Leaving						
If you need	additional space, p	olease continue	on a separa	ate sheet of paper.		
•			•	* *		
ecial Skills and	Qualifications					
marize special job-	related skills and qualif	fications acquired f	rom emplovi	ment or other experienc		

## 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 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.

	Signa	ture of App	Date			
				a		
	FC	R PERSO	ONNEL DEPARTM	MENT USE	ONLY	
Arrange Int	erview	☐ Yes	□ No			
Remarks						
		V		)	INTERVIEWER	DATE
Employed	☐ Yes	□ No	Date of Em	plovment		
T7	_ <del>_</del>		Hourly Rate/			
Tob Title _			_ Salary	Depar	tment	
	Bv			•		
			NAME AND TITLE			DATE
TEC	•					
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