# **APPLICATION FOR EMPLOYMENT**

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

	(PLEA	ASE PRINT)			
Position(s) Applied For			Date of	of Application	
How Did You Learn About Us?  Advertisement Employment Agency	Relative Friend	☐ Inquiry ☐ Other	'		
Last Name	First Name		Middle Na	me	
Address Number St	reet	City	State	Zip	Code
Telephone Number(s)			Social Security Nu	mber (Volunt	ary)
Best time to contact you at hor	me is:			:	AM PM
If you are under 18 years of ag proof of your eligibility to work		required		☐ Yes	□ No
Have you ever filed an applicat	ion with us before?			. 🗆 Yes	□No
		If Yes, give date		_	
Have you ever been employed v	with us before?			. 🗆 Yes	□ No
If Yes, give date					
Do any of your friends or relati					□ No
Are you currently employed?				.   Yes	□ No
May we contact your present e	mployer?			. $\square$ Yes	□ No
Are you prevented from lawfull country because of Visa or Imperior of citizenship or imperior of the country of	nigration Status?		nployment	. □ Yes	□ No
Date available for work/_	/ What is yo	our desired salary ra	nge?		
Are you available to work:	☐ Full-Time	(please indicate 1	2 3 shift)		
	☐ Part-Time	(please indicate M	ornings Afterno	on Eveni	ngs)
	☐ Temporary	(please indicate da	tes available	//	_//)
Are you currently on "lay-off" s	status and subject to	o recall?		.   Yes	□ No
Can you travel if a job requires	; it?			.   Yes	□ No

## **EDUCATION**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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Describe any ich wlated training and indicate the local distributions	
Describe any job-related training received in the United States military.	
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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, disabilities or other protected status.

4					
1.	Employer		Dates I	Employed To	Work Performed
	Address			10	
	Telephone Number(s)		Hourly F	Rate/Salary Final	
	Job Title	Supervisor	Starting	FINAL	
	Reason for Leaving		_		
2.	Employer		Dates E	Employed To	Work Performed
	Address		From	10	
	Telephone Number(s)		Hourly R Starting	tate/Salary Final	
	Job Title	Supervisor	Starting	i mai	
	Reason for Leaving	- <del></del>			
3.	Employer		Dates E	mployed To	Work Performed
	Address		TIOM	10	
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor	Starting	Final	u u
	Reason for Leaving			-	
4.	Employer		Dates E From	mployed To	Work Performed
	Address		11011	10	
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor	otaring	Timai	
	Reason for Leaving				
	If you need a	additional space, please	continue o	n a separa	ate sheet of paper.

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 Qualificatio	ns	The state of the s	
Summarize special job-	related skills and qualifica	ations acquired from em	aployment or other experience.
			*
		Anada	;
PECIALIZED SKILL	S (CHECK SKILLS/	EQUIPMENT OPERATI	ED)
	*	and the same of th	
Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		
<u> </u>			
FORMED ABOUT TH	NOT ANSWER THIS QUE	THE JOB FOR WHICH	YOU ARE APPLYING.
sonable accommodat	ion?	, for which you are appl _YESNO	ying, either with or without a
FERENCES			
	(Name)	(	_) Phone #
	(ivame)		Phone #
	(Address)		
	(Name)	(	Phone #
	(Address)		
		(	)
	(Name)	(	Phone #

FOR PERSONNEL DEPARTMENT USE ONLY	NAME:
Position(s) Applied For Is Open:   Yes  No	ME:
Position(s) Considered For:	
	POSITION:

DATE:

#### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

Signature of Applicant

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.

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.

	FOR P	ERSONNEL	DEPARTMENT	USE ONLY		
Arrange Interview	□ Yes [	□No				
Remarks						
				INTERVIEWER	DATE	
Employed □ Yes	□ No	Date of En	nployment			
Employed □ Yes	Hou	ırly Rate/				

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Date