

Application For Employment

NAME: _____

POSITION: _____

DATE: ____ / ____ / ____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative 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?
Proof of citizenship or immigration status will be required upon employment. Yes No

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?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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.

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:

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Education

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

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

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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.

Date of Birth (optional) __/__/____

Signature of Applicant

Date

Are you living with or associated with any person who has been convicted of a felony?
_____ Yes _____ No

If yes, please state that person's name and the nature of the felony.

Name: _____

Nature of felony: _____

It is understood and agreed that a condition of my employment is that I have no record pertaining to the commission of any criminal offense.

I do hereby authorize this company to obtain any information from the St. Joseph Police Department or any other law enforcement agency with regard to whether or not I have been arrested or convicted for any criminal offense.

As an applicant for employment with this company, I hereby waive any right to the privacy of said information and authorize and agree that a copy of this authorization may be presented to any law enforcement agency in order to obtain such records.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Signature of Applicant

Date

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1. Have you ever plead guilty to, convicted of or ever been placed on probation (including Suspended Imposition of Sentence) for any municipal (excluding all traffic offenses), state or federal crime, including all misdemeanors and felonies?

Yes _____ No _____

If you answer in the affirmative, please state the following:

- a) Please list every such offense received;
- b) The date and Court in which the final disposition was pronounced;
- c) the final outcome on each separate occurrence.

Answer: _____

2. Has any member of your immediate family ever been guilty of , convicted of or ever been placed on probation (including suspended imposition of sentence) for any municipal (excluding all traffic offenses), state or federal crime?

Yes _____ No _____

If your answer is in the affirmative, please state the following:

- a) Please list every such offense received;
- b) The date of Court in which the final disposition was pronounced;
- c) The final outcome on each separate occurrence.

Answer: _____

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3. Are presently living, co-habiting or have a relationship with any individual who has plead guilty to, been convicted of or has ever been on probation (including suspended imposition of sentence) for any city (excluding all traffic offenses), state or federal crime, including all misdemeanors and felonies?

Yes _____ No _____

If your answer is in the affirmative, please state the following:

- a) Please state the name and relationship of the person to whom you are living, co-habiting or have a relationship with who has such a occurrence;
- b) Please state each and every offense that the aforesaid person has.

Answer

4. Have you ever sought any inpatient or outpatient treatment for any substance abuse problem or mental health disorder?

Yes _____ No _____

If your answer is in the affirmative, please state the following:

- a) Please state the date(s) of all such contact with any health care or mental health care provider or facility;
- b) The date(s) for such contacts;
- c) The reason for such contact.

Answer:

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Additional Information

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

| | | | |
|-------------------------------------|--------------------------------------|--|---------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax | Production/Mobile Machinery (list): | Other (list): |
| <input type="checkbox"/> PC | <input type="checkbox"/> Lotus 1-2-3 | _____ | _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Wordperfect | _____ | _____ |

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

- _____ () _____
 (Name) Phone #

_____ (Address)
- _____ () _____
 (Name) Phone #

_____ (Address)
- _____ () _____
 (Name) Phone #

_____ (Address)

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

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

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES: