Application For Employment

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 Applic	ation
How Did You Learn About Us?	2				
□ Advertisement	🗌 Friend	🗌 Walk-In			
Employment Agency	Relative	□ Other			
Last Name	First Nam	10	Mide	lle Name	
	Thist Nam		Millio		
Address Number	Street	City	Si	tate	Zip Code
Telephone Number(s)			Social Secur	ity Number	
If you are under 18 year proof of your eligibility		u provide required		□ Yes	🗌 No
Have you ever filed an a	pplication with	us before?		🗌 Yes	🗌 No
		If Yes,	give date		
Have you ever been emp	oloyed with us b	efore?		□ Yes	🗌 No
		If Yes,	, give date		
Are you currently emplo	yed?			🗆 Yes	🗌 No
May we contact your pr	esent employer?			🗌 Yes	🗌 No
Are you prevented from country because of Visa			S		
Proof of citizenship or immigra	e			□ Yes	🗌 No
On what date would you	ı be available for	r work?			
Are you available to wor	k: 🗌 Full Time	e 🗌 Part Time 🛛	∃ Shift W	ork 🗆 T	empo r ary
Are you currently on "la	y-off" status and	subject to recall?		🗌 Yes	🗌 No
Can you travel if a job r	equires it?			🗌 Yes	🗌 No
Have you been convicted Conviction will not necessarily	e e	6	s?	□ Yes	🗌 No
If Yes, please explain					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

Indi	cate any foreign langua	ages you can speak, re	ead and / or write
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

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

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.

	Employer		Dates E	mployed	
1	•		From	То	Work Performed
	Address				
	Telephone Number(s)		Hourly R		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
	Employer		Dates E	mployed	
2	Linprojer		From	To	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra	ate/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving			1	
2	Employer		Dates Er		
3	•		From	То	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra	nte/Salary	
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving			Ī	
	Employer		Dates Er	nployed	
4.			From	То	Work Performed
	Address				
Ī	Telephone Number(s)		Hourly Ra		
_			Starting	Final	
	Job Title	Supervisor			
-	Reason for Leaving	1			
				L	

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:

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

CRT	Fax	Production/Mobile Machinery (list):	Other (list):
PC	Lotus 1-2-3		
Calculator	PBX System		
Typewriter	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, with or without a reasonable accommodation, 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

References

1.		()	
	(Name)		Phone #	
	(Address)			
2.		()	
	(Name)		Phone #	
	(Address)			
3.		()	
(8	(Name)		Phone #	
	(Address)			

___NO

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.

Signature of Applicant

Date

Job Title	Date of Employment
Job Title	Date of Employment
P	-
Ву	NAME AND TITLE DATE
TES	

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Position(s) Applied For Is Open:	🗌 Yes	🗌 No
Position(s) Considered For:		
	Dat	e de la companya de l

NOTES:

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