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.

	(PLI	ASE PRINT)			
Position(s) Applied For			Date of Ap	plication	
How Did You Learn About Us? Advertisement Employment Agency	Relative Friend	Inquiry Other			- 10
Last Name	First Name		Middle Name		
Address Number	Street	City	State	Zip	Code
Telephone Number(s)			Social Security Number LEAVE B	(Volunta LAN	K
Best time to contact you at he	ome is:		- h	;	AM PM
If you are under 18 years of a proof of your eligibility to wo		required		Yes	□ No
Have you ever filed an applic		.0			□ No
				0.000	- 0.00
Have you ever been employed	l with us before?			Yes	□ No
If Yes, give date					
Do any of your friends or rela	atives, other than sp	ouse, work here?		Yes	□ No
Are you currently employed?				Yes	□ No
May we contact your present	employer?			Yes	□ No
Are you prevented from lawfu country because of Visa or In Proof of citizenship or in	nmigration Status?		employment	Ves	□ No
Date available for work/.			50.00 Ge		
Are you available to work:	☐ Full-Time	(please indicate 1	V3.7 A-2-A 194 V3.4 V		
	□ Part-Time		Mornings Afternoon	Evenin	gs)
	☐ Temporary		lates available//		181 (082) 88
Are you currently on "lay-off"		Statement in the Control of the			□ No
Can you travel if a job require	Choose			Ves	□ 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)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.	
Describe any job-related training received in the United States military.	SAME NAME OF THE OWNER, WHEN
escribe any job related framing received in the Office States Initially.	

ADDITIONAL INFORMATION

minute opecial job	-related skills and qualifica	tions acquired from en	aployment or other experience.
	HIERON STATE		
ECIALIZED SKILI	S (CHECK SKILLS/	EQUIPMENT OPERAT	ED)
		Production/Mobile	
Terminal	Spreadsheet	Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM	-	
			171
			17
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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.

Employ	Employer		Dates E	mployed To	Work Performed	
Addres	s					
Telepho	Telephone Number(s)		Hourly R	Rate/Salary Final		
Job Tit	le	Supervisor				
Reason	for Leaving					
. Employ	Employer.		Dates E	imployed To	Work Performed	
Address	5					
Telepho	one Number(s)		Hourly R	tate/Salary Final		
Job Tit	le	Supervisor				
Reason	for Leaving					
. Employ	ver		Dates E	mployed To	Work Performed	
Address	1		1700			
Telepho	one Number(s)		Hourly R	late/Salary Final	(4)	
Job Titl	e	Supervisor	- Starring	THAT		
Reason	for Leaving	6				
Employ	er		Dates E	mployed To	Work Performed	
Address	i		113/10			
Telepho	one Number(s)		Hourly R Starting	late/Salary Final		
Job Titl	e	Supervisor	Starting	1: Class		
Reason	for Leaving					
	If you n	eed additional space, p	alease continue o	m a senarate	cheet of napar	

Үои тау	rofessional, trade, business or civic activities and offices held. ay exclude membership which would reveal gender, race, religion, national origin, age, and ted status:	cestry, disability or other

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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.

Signature of Applicant

Date

				SE ONLY		
Arrange Interview Remarks	□ Yes □ N	lo				
Employed □ Yes		Date of Emp	loyment	INTERVIEWER	DATE	
Job Title	Hourly Sala	Rate/ ary	Department _			

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing 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.



