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.

	(PL	EASE PRINT)			
Position(s) Applied For			Date o	of Application	
How Did You Learn About US? Advertisement Employment	Relative Friend	InquiryOther			
Last Name	First Nāme		Middle Nam	ne	
Address Number	Street	City	State	Zip C	'ode
Telephone Number(s)			Social Security Nur	nber (Voluntary	r)
Best time to contact you at	home is:				A M P M
If you are under 18 years of proof of your eligibility to v	• • •	required		❑ Yes	🖵 No
Have you ever filed an app	lication with us befo	ore?		🛛 Yes	🗖 No
		If Yes, give date			
Have you ever been employ	yed with us before?			🛛 Yes	🗖 No
If Yes, give date					
Do any of your friends or r	elatives, other than	spouse, work here?.		🛛 Yes	🖵 No
Are you currently employe	d?			🖵 Yes	🗖 No
May we contact your prese	ent employer?			🛛 Yes	🖵 No
Are you prevented from law this country because of Vis <i>Proof of citizenship or</i>	sa or Immigration S	tatus?	employment	🛛 Yes	🖵 No
Date available for work	_// What is	your desired salary i	range?		
Are you available to work:	□ Full-Time	(please indicate 1	2 3 shift)		
	Part-Time	(please indicate M	Iornings Afterno	on Evening	js)
	Temporary	(please indicate d	ates available	///	′ /)
Are you currently on "lay-o	off status and subje	ct to recall?		🛛 Yes	🗖 No
Can you travel if a job requ	uires 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)				

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

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.

1.	Employer		Dates Er From	nployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly Ra		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Ra Starting	nte/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
3 .	Employer		Dates E From	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Date En From	nployed To	Work Performed
	Address		Tiom	10	
	Telephone Number(s)		Hourly R Starting	ate/Salary 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:

ADDITIONAL INFORMATION

Other Qualifications

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

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SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		

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.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

____YES ____NO

REFERENCES

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

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: \Box Yes \Box No

Position(s) Considered For:

Date _____

NAME

Date

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. 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	f Applicant	;			Date	
		FOR PERSONN	IEL DEPARTMENT	USE ONLY		
Arrange Int Remarks						
			_	INTERVIEWER	DATE	
Employed 🖵 Y	'es 🖵 No		Employment			
Job Title		Hourly Rate/ Salary	Department			
	By		NAME AND TITLE	DATE		

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