# 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.

(PLEASE PRINT)						
Position(s) Applied For			Date	of Application		
		•		·		
How Did You Learn About Us? Advertisement	☐ Relative	☐ Inquim				
☐ Employment Agency	☐ Friend	☐ Inquiry ☐ Other				
Last Name	First Name		Middle N	ame		
Address Number Si	treet	City	State	Zip (	Code	
		and the second s				
Telephone Number(s)		- 1	Social Security N	umber (Volunta	гу)	
Post time to contect you at her	mo io			•	AM	
Best time to contact you at hor		_		·	PM	
If you are under 18 years of age, can you provide required proof of your eligibility to work?					□ No	
Have you ever filed an application with us before?				🗆 Yes	□ No	
		If Yes, give date				
Have you ever been employed					□ No	
If Yes, give date			•••••	100		
Do any of your friends or relat	ives, other than spo	 use, work here?		🗆 Yes	□ No	
Are you currently employed?	~			⊂ Yes	□ No	
May we contact your present e	employer?			🗆 Yes	□ No	
Are you prevented from lawful country because of Visa or Imperior Proof of citizenship or imperior of the country because of Visa or Imperior of Country Brook	migration 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 Mo	ornings Afterno	oon Evenin	gs)	
	☐ Temporary	(please indicate da	tes available	//	<i></i> )	
Are you currently on "lay-off" s	status and subject to	recall?		Tyes	□ No	
Can you travel if a job requires	s 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 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 voluntee activities. You may exclude organizations which indicate race, color, religion, gender, national origin disabilities or other protected status.

	Employer		<u>Dates E</u> From	Imployed To	Work Performed
	Address	Address			
	Telephone Number(s)			ate/Salary	
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
	Employer		Dates E	Employed	Work Performed
	Address	Address		То	noncremen.
	Telephone Number(s)		Hourly R	Rate/Salary	
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
	Employer		Dates E	Employed	w ln.f. l
•	Address		From	To	Work Performed
	Telephone Number(s)		Hourly R	Rate/Salary	
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving	Supervisor			
÷					
•	Employer 	Employer		Employed To	Work Performed
	Address				,
	Telephone Number(s)	and the	Hourly F Starting	Rate/Salary Final	,
	Job Title	Supervisor	Construction of the Constr		
	Reason for Leaving		;		
	If you no	eed additional space, p	lease continue	on a sepai	rate sheet of paper.
				cc· 1 1	
		trade, business or civic bership which would reveal g			IG. rigin, age, ancestry, disability or other
	protected status:	<i></i>	,	,	, , , , , , , , , , , , , , , , , , , ,
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#### **ADDITIONAL INFORMATION**

	Qualifications			
Summari	ize special job-relate	ed skills and qualifica	itions acquired from en	nployment or other experience.
- 100 - 100			2475	
SPECIAL	IZED SKILLS	(CHECK SKILLS/	EQUIPMENT OPERAT  Production/Mobile	ED)
	Terminal	Spreadsheet	Machinery (list)	Other (list)
	PC/MAC	Word Processing		
<u>-</u>	Typewriter	Shorthand		en e
	WPM	WPM		
_				
State any your appl	additional inform lication.	ation you feel may b	e helpful to us in cons	idering
	1			
		·		
			ESTION UNLESS YOU	HAVE BEEN I YOU ARE APPLYING.
		-		
	perform the essenti- le accommodation?		YESNO	plying, either with or without a
REFERE	NCES			ıi.
			(	
		(Name)	\	Phone #
		(Address)		
2		(Name)	(	Phone #
		(Address)		
3			(	
		(Name)		Phone #
		(Address)		

#### **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

	FO	R PERSONNEI	L DEPARTMEN	T USE ONLY	
Arrange Interv Remarks	iew <sub>,</sub> □Ye	; □ No			
Employed □	lYes □ N	Date of I	Employment	INTERVIEWER DATE	
Job Title		Hourly Rate/ Salary	Departmen	it	
	- By		NAME AND TITLE	DATE	

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.



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FOR PERSONNEL DEPARTMENT USE ONLY					
Position(s) Applied For Is Open:   Yes  No					
*Position(s) Considered For:					
Date					
Date					