## NAME:

# OSITION:

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

	(PLE	EASE PRINT)			
Position(s) Applied For			D	ate of Application	
How Did You Learn About Us?  Advertisement Employment Agency	☐ Relative	☐ Inquiry ☐ Other			
Last Name	First Name		Middl	e Name	
Address Number	Street	City	Sta	te Zip	Code
Telephone Number(s)			Social Securit	y Number (Volunt	ary)
Best time to contact you at h	ome is:	******			AM PM
If you are under 18 years of a proof of your eligibility to we	age, can you provide ork?	required		□ Yes	□ No
Have you ever filed an applic	cation with us before	2		🗆 Yes	□ No
		If Yes, give dat	te		
Have you ever been employe	d with us before? .			🗆 Yes	□ No
If Yes, give date					
Do any of your friends or rel	atives, other than sp	ouse, work here?		🗆 Yes	□ No
Are you currently employed?				□ Yes	□ No
May we contact your present	t employer?			🗆 Yes	□ No
Are you prevented from lawf country because of Visa or In Proof of citizenship or in	nmigration Status		employment	□ Yes	□ No
Date available for work	// What is	your desired salary	range?		
Are you available to work:	☐ Full-Time	(please indicate	1 2 3 shift)		
	☐ Part-Time	(please indicate l	Mornings Afte	ernoon Evenii	ngs)
	☐ Temporary	(please indicate of	dates available		_//_)
Are you currently on "lay-off	" status and subject	to recall?		□ Yes	□ No
Can you travel if a job requir	res 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)				
	training, apprenticeship, s		ar activities.	
Describe any job-related	training received in the U	nited States military.	;	
	A CONTRACTOR OF THE CONTRACTOR			

#### **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.

			From	mployed To	Work Performed
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	elephone Number(s)		Hourly R	ate/Salary Final	
Jo	ob Title	Supervisor			
Re	eason for Leaving				
Eı	mployer		Dates E	mployed To	Work Performed
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A	ddress				
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Jo	ob Title	Supervisor			
R	Reason for Leaving				
_	If you need	d additional space, p	lease continue o	n a separat	e sheet of paper.

### Additional Information

Other Qualifica ummarize special	job-related :	skills and qualific	ations acquir		nployn	nent or o	ther experi
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PC/MAC		Word Processing					
Typewrite		Shorthand	-			-	
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POSITION:

DATE: \_

#### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

Signature of Applicant

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.

		FOR P	ERSONNEL DEPARTMENT	USE ONLY	
Arrange In	terview	□ Yes	□ No		
Remarks _				•	
_					DATE
				INTERVIEWER	DATE
Employed	□ Yes	□ No	Date of Employment		
Employed Job Title _			Date of Employment ourly Rate/ Salary Departmen		

NAME AND TITLE

This Application For Employment is sold for general use throughout the United Stutes. Amsterdam Printing and Litho 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.

Date

DATE