

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 Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number (s)		Social Security Number			

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If Yes, give date

Have you ever been employed with us before?

☐ Yes ☐ No

If Yes, give date

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

Proof of Citizenship or Immigration Status Will Be Required Upon Employment

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years?

☐ Yes ☐ No

Convictions Will Not Necessarily Disqualify An Applicant From Employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

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

Indicate any foreign language you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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 Employed From To		WORK PERFORMED
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed From To		WORK PERFORMED
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed From To		WORK PERFORMED
Address				
Telephone Number(s)		Hourly Rate/Salary Starting 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.

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 questions 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 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 ___ No

References

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

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks: _____

Interviewer

Date

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title

Date

NOTES

This Application for Employment is sold for general use throughout the United States, Amsterdam Printing and Litho Corp. 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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Position(s) Applied For Is Open:

☐ Yes

☐ No

Position(s) Considered For: _____

_____ Date _____

NOTES: