

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.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (Voluntary)		

Best time to contact you at home is:	_____:	_____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
..... If Yes, give date _____			
Have you ever been employed with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, give date _____			
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status			
Proof of citizenship or immigration status will be required upon employment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date available for work ____/____/____	What is your desired salary range? _____		
Are you available to work:	<input type="checkbox"/> Full-Time	(please indicate 1 2 3 shift)	
	<input type="checkbox"/> Part-Time	(please indicate Mornings Afternoon Evenings)	
	<input type="checkbox"/> Temporary	(please indicate dates available ____/____/____ - ____/____/____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

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

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

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		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	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)

___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: ☐ Yes ☐ No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ 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 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

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

NOTE: The following sample forms and resources are not intended as a substitute for legal advice and Info Cubic makes no assurances regarding the accuracy or completeness of any such information or forms. Employers have the sole responsibility of creating and using appropriate forms as required by all applicable laws.

BACKGROUND CHECK DISCLOSURE FORM

Through this document it is being disclosed to me, and I understand that a Consumer Report or Investigative Consumer Report (collectively, "Consumer Report") is being requested by _____ ("Company") as part of my application for employment or in relation to a promotion, reassignment or retention as an employee. The Consumer Report will be prepared by Info Cubic, LLC and its designated agents and representatives.

The Company may order an "investigative consumer report." Such reports typically include information from personal interviews, most commonly from an applicant's prior employers and references. The Consumer Report may contain information concerning my character, general reputation, personal characteristics, and mode of living which may be obtained by personal interviews as noted above who may have knowledge concerning any such items of information.

You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company's _____ department at _____.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK. PLEASE PROCEED

TO THE NEXT DOCUMENT: THE BACKGROUND CHECK AUTHORIZATION

BACKGROUND CHECK AUTHORIZATION

I hereby authorize the obtaining of a Consumer Report/Investigative Consumer Report at any time following receipt of this Authorization, and throughout the length of my employment with Company to the extent permitted by law until I withdraw my authorization in writing.

To this end, I hereby authorize all of the following to disclose to the CRA and its agents, another organization acting on behalf of the Company and/or the Company itself all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the CRA and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

I also understand that substance-abuse testing/drug testing, physical examinations and/or clinical health screenings may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to this testing and I hereby authorize any physician, laboratory, hospital or medical professional to conduct such testing and release the results to authorized representative/s of the above-named company and/or Info Cubic. I understand only test results will be provided and no other medical information about me will be disclosed to anyone. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. Additional information about your rights under pertinent state law is provided to you with this BACKGROUND CHECK AUTHORIZATION. By signing this form, you acknowledge receipt of applicable state notices.

I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be valid as the original.

Signature: _____ Date: _____

The following is for identification purposes only to perform the background check and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last) _____ Previous Name(s) Known By _____

_____-__-_____-__-_____-__-_____-
Social Security Number _____ Email Address _____

_____/_____/_____
Date of Birth (MM/DD/YYYY) (For Background Purposes Only)

Driver License Number _____ State _____

Current Address _____ (_____) _____
Phone _____

City _____ State _____ ZIP/Postal Code _____

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK. PLEASE PROCEED

TO THE NEXT DOCUMENT: THE STATE NOTICE ADDENDUM