APPLICATION FOR EMPLOYMENT

We consider applicants 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.

		(P	LEASE PRINT)			
Position(s)	Applied For		3	Date of App	lication	
☐ Adve	ou Learn About Us? rtisement loyment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other		*	
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	3
Telephone	Number(s)	382.	7.740.8	Social Security Number	(Voluntary)	
Best tim	ne to contact you a	t home is:			·;	AM PM
	re under 18 years of your eligibility to	of age, can you provide work?	e required		■ Yes	□ No
-	ou ever filed an apprive date	lication with us before	e?		Yes	□No
	ou ever been emplo give date	yed with us before?			Yes	□ No
Do any	of your friends or i	relatives, other than sp	oouse, work here?		■ Yes	□ No
Are you	currently employe	d?	ARAMAT IN		■ Yes	□ No
May we	contact your prese	ent employer?			■ Yes	□No
country	because of Visa or	wfully becoming emple Immigration Status? migration status will be required.			■ Yes	■ No
Date ava	ailable for work	/	hat is your desired sa	alary range?		
Are you	available to work:	Part Time (Pl	ease indicate 1 2 3 ease indicate Mornings Please indicate dates availa)	
Are you	currently on "lay-o	off" status and subject	to recall?		■ Yes	□ No
Can you	ı travel if a job requ	uires it?			■ Yes	■ No
		WE ARE AN EQU	JAL OPPORTUNITY	EMPLOYER		

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
Elementary School	77.74			
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

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.

Employer		Dates E	mployed To	Work Performed
Address		110111	10	
Telephone Number(s)	Hourly R	ate/Salary		
Job Title	Supervisor	Starting	Final	described (2005)
Reason for Leaving				
Employer			mployed	Work Performed
Address		From	То	
Telephone Number(s)		Hourly R	ate/Salary	
Job Title	Supervisor	Starting	Final	
Reason for Leaving	-			
Employer		THE RESERVE AND ADDRESS OF THE PARTY OF THE	mployed	Work Performed
Address		From	То	
Telephone Number(s)		Hourly R	ate/Salary	
Job Title	Supervisor	Starting	Final	
Reason for Leaving				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Employer	Dates Employed		Work Performed	
Address		From	То	
Telephone Number(s)		Hourly R	ate/Salary	
Job Title	Supervisor	Starting	Final	
Reason for Leaving				To St. Co.

Telephone Number(s)		Hourly R	Hourly Rate/Salary		150	
Job Title	Supervisor	Starting	Final		4	a the state of
Reason for Leaving						
omments: Include	e explanation of any gaps	in employment.				
		27 -		oral Suk		
120						
						_

Describe any specialized training, apprenticeship, skills and extra-cur	ricular activities.
Describe any job-related training received in the United States militar	v.
2 coords any job related training received in the critical crates initial	J.
List professional trade business or civic activities and offices held	
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 INTEGRALATION	
ADDITIONAL INFORMATION Other Qualifications Summarize special job-related skills and qualifications acquired	from ampleyment or other experience
Strict Quartifications Summarize special job-related skills and qualifications acquired	nom employment of other experience.
SPECIALIZED SKILLS (Check Skills/Equipment Operated)	
Production/M Terminal Spreadsheet Machinery (
PC/MAC Word Processing	
Typewriter Shorthand	
WPM	
State any additional information you feel may be helpful to us in consider	ing your application.
·	* 100
	<u> </u>
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN	N 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 apply accommodation?	ing, either with or without a reasonable YES NO
REFERENCES	
Name	Phone Number
THE STATE OF THE S	Those rumber
1.	
2.	
3.	19 (0.11) (0.12)

APPLICANT'S STATEMENT

certify that answers given herein are true and complete.

authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

'his application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for mployment beyond this time period should inquire as to whether or not applications are being accepted at that time.

hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at vill" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I nderstand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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