NAME

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.

	(PLEA	ASE PRINT)			
Position(s) Applied For			Date	of Application	
How Did You Learn About Us?		ALCONOMIC TO THE PARTY OF THE P			
	Relative	☐ Inquiry			
\Box Employment Agency \Box	Friend	□ Other		<u> </u>	
Last Name	First Name		Middle Na	ame	
Address Number Stree	t	City	State	Zip	Code
Telephone Number(s)	E-mail	~	Social Securit	y Number (Vol 	untary)
Best time to contact you at home	is:	y y mile dy Meis WyPin			AM —— PM
If you are under 18 years of age, proof of your eligibility to work?	can you provide	required	-	□ Yes	□ No
Have you ever filed an application	n with us before?)		□ Yes	□ No
Have you ever been employed wi	th us before?			□ Yes	□ No
If Yes, give date					
Do any of your friends or relative	es, other than spo	ouse, work here?	,	🗆 Yes	□ No
Are you currently employed?				🗆 Yes	□ No
May we contact your present em	ployer?			🗆 Yes	□ No
Are you prevented from lawfully country because of Visa or Immi Proof of citizenship or immi	gration Status?		oyment	□ Yes	□ No
Date available for work/	/ What is yo	our desired salary range	€?		
Are you available to work:	□ Full-Time	(please indicate 1 2	3 shift)		
	□ Part-Time	(please indicate Morn	ings Aftern	oon Evenir	ngs)
	□ Temporary	(please indicate dates	available		_//)
Are you currently on "lay-off" sta	tus and subject t	o recall?		🗆 Yes	□ No
Can you travel if a job requires is	?			🗆 Yes	□ No

EDUCATION

Elementary School High School Undergraduate College Graduate Professional Other (Specify) Describe any specialized training, apprenticeship, skills and extra-curricular activities.		Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Undergraduate College Graduate Professional Other (Specify) Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Elementary School				
Graduate Professional Other (Specify) Describe any specialized training, apprenticeship, skills and extra-curricular activities.	High School				
Other (Specify) Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Undergraduate College		3		
Other (Specify) Describe any specialized training, apprenticeship, skills and extra-curricular activities.	Professional				
	Other				
Describe any job-related training received in the United States military.		raining, apprenticeship,	skills and extra-curricula	r activities.	
	Describe any job-related t	raining received in the U	nited 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.

Employer			Dates Employed	From	То
Address		w	Work Performed		
Telephone N	ımber(s)				
Job Title		Supervisor			
Reason for L	eaving				error-state da compresso de c
Employer			Dates Employed	From	То
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Job Title		Supervisor			
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-	ıde membershi _l		c activities and offices held gender, race, religion, national orig		ry, disability or other
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ADDITIONAL INFORMATION

HILLIALIZE SUCCIAL JUU LUL	lated skills and qualifica	tions acquired from emi	ployment or other experience.
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CIALIZED SKILLS	(CHECK SKILLS/	EQUIPMENT OPERATE	ED)
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Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
_	_	Machine J (me)	Other (mos)
PC/MAC	Word Processing		
Typewriter	Shorthand		Name and Add Add Add Add Add Add Add Add Add A
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additional info	rmation you feel may b	ledeful to us in consi	Lagino
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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 FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview □ Yes □ No Remarks Employed

Yes

No Date of Employment * Hourly Rate/ ____ Salary _____ Department _____

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.

NAME AND TITLE



DATE