NAME

POSITION

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.

	(PLE	EASE PRINT)			
Position(s) Applied For			Date o	of Application	n
How Did You Learn About Us?					
Advertisement	Relative	Inquiry			
Employment Agency	☐ Friend	Other			
			-2.1 11		
Last Name	First Name		Middle Nar	me	
Address Number Si	treet	City	State	ZiŢ	Code
		11.			
Telephone Number(s)	Marie Control	- 1	Social Security Nur	mber (Volun	tary)
		1 / /	And the second	Econol.	
Best time to contact you at hor	me is:				PM
If you are under 18 years of ag	re. can vou provide	required			
proof of your eligibility to world		104011011		□ Yes	□ No
Have you ever filed an applicat	ion with us before	2		□ Yes	□ No
					- 110
		If Yes, give date			
Have you ever been employed	with us before?			Yes	□ No
If Yes, give date					
Do any of your friends or relatives, other than spouse, work here? \qed Yes					□ No
Are you currently employed?				□ No	
May we contact your present employer?				□ No	
Are you prevented from lawfull country because of Visa or Imperior of citizenship or imperior in the country because of visa or imperior of citizenship or imperior in the country of the	nigration Status?		iployment	□ Yes	□ No
Date available for work/_	/ What is y	our desired salary rai	nge?	_	
Are you available to work:	\Box Full-Time	(please indicate 1	2 3 shift)		
	☐ Part-Time	(please indicate Mo	ornings Afternoo	on Eveni	ngs)
	□ Temporary	(please indicate dat	es available/	/	_//)
Are you currently on "lay-off" s	tatus and subject to	o recall?		□ Yes	□ No
Can you travel if a job requires	it?			□ Yes	□ No

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

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		
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor	*		
	Reason for Leaving				
2.	Employer		Dates Employed From To		
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor	Ti Ti		
	Reason for Leaving				
3.	Employer		Dates Employed From To		
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor	£		
	Reason for Leaving				
4.	Employer		Dates Employed From To		
	Address		Work Performed		
	Telephone Number(s)		8		
	Job Title	Supervisor			
	Reason for Leaving	I.	F SA POLICE		
	If you n	eed additional space, pl	ease continue on a separate sheet of paper.		

-	l, trade, business or civic activities and offices held.
You may exclude m protected status:	embership which would reveal gender, race, religion, national origin, age, ancestry, disability or other

ADDITIONAL INFORMATION

Other Qualification	<u>ns</u>		
Summarize special job-	related skills and qualifica	tions acquired from em	ployment or other experience.
A CONTRACT OF THE PARTY OF THE			
PECIALIZED SKILL	S (CHECK SKILLS/	EQUIPMENT OPERATE	ED)
	AND STREET	TV-TV-T	FERNING WY
Terminal	Constal Land	Production/Mobile	
	Spreadsheet	Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand	-	
WPM	WPM	- 10	
~ ~	NOT ANSWER THIS QUE		
NFORMED ABOUT TH	E REQUIREMENTS OF T	THE JOB FOR WHICH	YOU ARE APPLYING.
Can you perform the ess	ential functions of the job	, for which you are appl	ying, either with or without a
easonable accommodati		_YESNO	-
EFERENCES			
	(Name)		_)
			_)
	(Name) (Address)		Phone #
	(Name) (Address)		_)
	(Name) (Address)		Phone #
	(Name) (Address) (Name) (Address)		Phone # Phone #
EFERENCES	(Name) (Address) (Name) (Address)		Phone #

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 PERSONNE	L DEPARTMENT USI	E ONLY
Arrange Intervio	ew □ Yes □ No		
Employed \Box	Yes □ No Date o		NTERVIEWER DATE
Job Title	Hourly Rate/ Salary	Department	
	Ву	NAME AND TITLE	DATE

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