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.

	(PL	EASE PRINT)			
Position(s) Applied For			Date of	Application	
How Did You Learn About Us? Advertisement Employment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other			
Last Name	First Nam	e	Middle Nam	e	
Address Number	Street	City	State	Zip	Code
Telephone Number(s)	Email		Social Security Num	ber (Volunt	ary)
Best time to contact you at l	nome is:			_:_	AM PM
If you are under 18 years of proof of your eligibility to w		le required		☐ Yes	□ No
Have you ever filed an appli	cation with us before	re?		☐ Yes	□ No
Have you ever been employed				☐ Yes	□ No
If Yes, give date					
Do any of your friends or re					□ No
Are you currently employed	?			☐ Yes	□ No
May we contact your presen	t employer?			☐ Yes	□ No
Are you prevented from law country because of Visa or I Proof of citizenship or i	mmigration Status?		employment	□ Yes	□ No
Date available for work	// What is	your desired salary r	range?		
Are you available to work:	☐ Full-Time	(please indicate 1	2 3 shift)		
	☐ Part-Time	(please indicate N	Mornings Afternoo	n Evenir	ngs)
	☐ Temporary	(please indicate d	lates available/_	_/	_//)
Are you currently on "lay-of	f" status and subjec	t to recall?		☐ Yes	□ No
Can you travel if a job requi	res it?			Yes	□ No

EDUCATION

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

Describe any job-related training received in the United States military.	Describe any specialized training, apprenticeship, skills and extra-curricular activities.
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	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.

Employer		Dates Emplo	Work Performed
Address			
Telephone Number(s	s)	Hourly Rate/S Starting Fi	alary nal
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Emplo	wed Work Performed
Address			
Telephone Number(s	s)	Hourly Rate/S Starting Fi	alary
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Emplo	Work Performed
Address			
Telephone Number(s	s)	Hourly Rate/S Starting Fi	alary inal
Job Title	Supervisor		
Reason for Leaving			
Employer		Dates Emplo	Work Performed
Address			
Telephone Number(s	s)	Hourly Rate/S Starting Fi	alary inal
Job Title	Supervisor		
Reason for Leaving			
If you	need additional space, p	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:	er

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

Signature of Applicant

By

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.

		FOR P	ERSONNEL DEPARTMEN	T USE ONLY	
rrange Int	erview	☐ Yes	□ No		
emarks _					42
-				The second secon	DATE

NAME AND TITLE

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.





Date

DATE

ADDITIONAL INFORMATION

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ECIALIZED SKILLS	6 (CHECK SKILLS/	EQUIPMENT OPERATI	ED)
Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
		macinity (no.,	Other (mos)
PC/MAC	Word Processing		
Typewriter	Shorthand		***************************************
WPM	WPM		
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FOR PERSON	NNEL DEPARTMENT USE ONLY
Position(s) Applied For Is Open	n:
Position(s) Considered For: _	
	Date

NAME:

POSITION: