

# Employment Application

The law prohibits discrimination because of race, color, religion, sex, age, national origin, and handicap.



## Personal

Print or type all information:   
 Date of application: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
AREA CODE TELEPHONE NO.

Name: \_\_\_\_\_ Social security no \_\_\_\_\_  
LAST FIRST INITIAL

Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

How long have you lived at the above address? \_\_\_\_\_  
 Are you over eighteen years of age? Yes  No  If not, what is your age? \_\_\_\_\_ Drivers license: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
AREA CODE

## Availability

What led you to contact us for employment? \_\_\_\_\_  
 Interested in what type of position(s)? \_\_\_\_\_  
 Date available for employment: \_\_\_\_\_ What transportation will you use to get to work? \_\_\_\_\_

## Miscellaneous

Have you worked for this company previously? Yes  No  if yes, location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_ Date and reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any illness, injury or mental conditions, Which might interfere with performing certain kinds of work? Yes  No   
 If yes, describe in full: \_\_\_\_\_  
 \_\_\_\_\_

A/M 1250 Multi-press Operation	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
A/M 1650 Multi-press Operation	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Other Press Operation	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>

List: \_\_\_\_\_

Dark Room/Camera Operation	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Bindery Equipment	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Computer Aided Design	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Paste-up/Layout Artwork	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Receptionist Or Public Relations	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Marketing Or Sales Work	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
Telephone Solicitation Work	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>
_____	FULLY EXP. <input type="checkbox"/>	SOME EXP. <input type="checkbox"/>	NO EXP. <input type="checkbox"/>

(OTHER PRINTING RELATED WORK)

