



# Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

## Basic Information (Please Print):

**Position(s) Applied For** \_\_\_\_\_ **Date:** \_\_\_\_\_

### How did you learn about us?

- Advertisement                       Friend                                       Walk-In  
 Employment Agency               Relative                                       Other \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:**(    ) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

## Questions:

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If yes, then give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If yes, then give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date will you be available for work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Shift work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If yes, then please explain:

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**Education:**

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| Name and Address of School | Course of Study | Years Completed | Degree |
|----------------------------|-----------------|-----------------|--------|
|                            |                 |                 |        |
|                            |                 |                 |        |
|                            |                 |                 |        |
|                            |                 |                 |        |

*Indicate any foreign languages you can speak, read, and/or write*

|       | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak |        |      |      |
| Read  |        |      |      |
| Write |        |      |      |

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.

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**Employment Experience:**

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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.

**I. Employer** \_\_\_\_\_ **Date Employed:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed:

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**II. Employer** \_\_\_\_\_ **Date Employed:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed:

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**III. Employer** \_\_\_\_\_ **Date Employed:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Hourly Rate Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed:

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*If you need additional space, 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:

Three horizontal lines for listing activities and offices held.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statement 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 the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date \_\_\_\_\_

Employed?  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or previous experience.

Three horizontal lines for text entry.

Specialized Skills (Check Skills/Equipment operated)

- Checkboxes for CRT, FAX, PC, Spreadsheet, Calculator, PBX System, Typewriter, Word Processor.

Production/Mobile Machinery List:

Two horizontal lines for text entry.

Other List:

One horizontal line for text entry.

State any additional information you feel may be helpful to us in considering your application.

Three horizontal lines for text entry.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes No
A description of the activities involved in such a job or occupation is attached.

References

I. Name Email: Phone: ( )

Address Relationship to Applicant

II. Name Email: Phone: ( )

Address Relationship to Applicant

III. Name Email: Phone: ( )

Address Relationship to Applicant

**For Personnel Department Use Only**

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Position(s) Applied for is Open:  YES  NO

Position(s) considered for: \_\_\_\_\_

Date: \_\_\_\_\_

Notes