



Application for Employment

Equal Opportunity Employment. All qualified applicants will receive consideration without unlawful regard to age, race, color, religion, creed, sex, marital status, national origin, disability, military status, union or non-union affiliation, or any other basis protected by law. If you have any concerns about the legality of any question, please call it to the attention of a company representative and discuss your concerns.

Name _____ Social Security # _____
(Last) (First) (Middle)

Present address _____
(Street / Appt. #) (City/State?Zip)

Phone Number _____

Additional phone number(s) where you might be reached _____ Person to ask for _____

Positions you are applying for _____ Rate of pay required _____

Have you worked for Printgraphics before? _____ If so, when? _____

How did you learn about Printgraphics? _____

Are you employed now? _____

Date you can start? _____

Skills and special training / Machines you can operate

Have you ever served in the U.S. Military? _____
(Branch) (Dates of Duty) (Rank at Discharge)

Education			
Name and location of school	Major area of study	# Years attended	Did you graduate?
<i>High School</i>			
<i>Technical trade or business school</i>			
<i>College</i>			
<i>Other courses including: evening, part-time, seminars, service schools, special training</i>			

References		
List three individuals who could give you a referral <i>(Other than Employers or Relatives)</i>	Address	Phone Number

Work Experience			
<i>(Month/Year)</i>			
<i>Employed from:</i>	<i>Place of Work</i>	<i>Phone</i>	<i>Wage (starting/final)</i>
<i>To:</i>	<i>Address</i>	<i>Position/Title</i>	
	<i>Duties</i>		
	<i>Reason for leaving</i>	<i>May we contact employer: Yes/No</i>	<i>Name of supervisor</i>
<i>Employed from:</i>	<i>Place of Work</i>	<i>Phone</i>	<i>Wage (starting/final)</i>
<i>To:</i>	<i>Address</i>	<i>Position/Title</i>	
	<i>Duties</i>		
	<i>Reason for leaving</i>	<i>May we contact employer: Yes/No</i>	<i>Name of supervisor</i>
<i>Employed from:</i>	<i>Place of Work</i>	<i>Phone</i>	<i>Wage (starting/final)</i>
<i>To:</i>	<i>Address</i>	<i>Position/Title</i>	
	<i>Duties</i>		
	<i>Reason for leaving</i>	<i>May we contact employer: Yes/No</i>	<i>Name of supervisor</i>

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my applications may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the companies option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

I understand and agree that an offer of employment may be conditional upon successful completion of a health examination which includes a drug screen.

Signature _____ Date _____



Disclosure Statement

By this document, Printgraphics, discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Candidate Signature _____

H.R. Signature _____

Date _____

Disclosure Statement

This shall authorize the procurement of a consumer report by Printgraphics as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Printgraphics to procure consumer reports at any time during my employment period.

Candidate Signature _____

H.R. Signature _____

Date _____