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.

(PLEASE PRINT)					
Position(s) Applied For]	Date of Applicatio	n
How Did You Learn About Us? Advertisement Relative Employment Agency Friend					
Last Name	First Name		Midd	le Name	
Address Number Str	reet	City	St	ate Zi	p Code
Telephone Number(s)	Former Name(s)		Social Securi	ty Number (Volum	ntary)
Best time to contact you at hom	ne is:			;	A PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?					🗆 No
Have you ever filed an application with us before?				🗆 Yes	□ No
		If Yes, give date			
Have you ever been employed v	with us before?			🗆 Yes	🗆 No
If Yes, give date					
Do any of your friends or relati	ves, other than spor	use, work here?	~	🗆 Yes	🗆 No
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? <i>Proof of citizenship or immigration status will be required upon employment.</i>					
Date available for work/	0				
Are you available to work:	□ Full-Time	(please indicate	1 2	3 shift)
	□ Part-Time	(please indicate		Afternoon	,
		(please indicate da	tes available	e//	//)
Are you currently on "lay-off" status and subject to recall?					
Can you travel if a job requires it?					

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				5
Graduate Professional				
Other (Specify)				

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 E From	mployed To	Work Performed
-	Address				
-	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates E From	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates E From	mployed To	Work Performed
ľ	Address	•			
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	1
	Job Title	Supervisor			
	Reason for Leaving		_		
4.	Employer		Dates E From	mployed To	Work Performed
	Address				x
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				

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:

Additional Information

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)	
PC/MAC	Word Processing			
Typewriter	Shorthand			•
WPM	WPM			

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

I authorize Unlimited Opportunities, Inc. to contact any references, both employment and personal as necessary, to arrive at an employement decision, with the following exceptions:

OR: May contact any and all references with no exceptions.

Signature

Date

REFERENCES

1.		(_)	
	(Name)			Phone #
_	(Address)			
2.		_(_)	
	(Name)			Phone #
_	(Address)			
3.		(_)	
_	(Name)	· ·		Phone #
	(Address)		-	

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.

~	C		1.	
Signature	ot	An	olicat	1t
orginature	U I	110	Jucui	Tr

Date

FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interview 🗆 Yes 🗆 No					
Remarks					
	INTERVIEWER DATE				
Employed Yes No Date of Employment					
Job Title Hourly Rate/ Department					
By	DATE				

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.

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