APPLICATIONFOR 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.

| | (PLE | ASE PRINT) | | | |
|---|---|---|-----------------|-------------------|--------------|
| Position(s) Applied For | | | Da | te of Application | |
| | | | | | |
| How Did You Learn About Us? | □ D-1-4: | □ T., | | | "- " |
| ☐ Advertisement☐ Employment Agency | ☐ Relative☐ Friend | ☐ Inquiry☐ Other | | | |
| Employment Agency | | Other | | | |
| Last Name | First Name | | Middle | Name | |
| | | | | | |
| Address <i>Number</i> | Street | City | State | z Zip | Code |
| | | | | | |
| Telephone Number(s) | | | Social Security | Number (Volunt | ary) |
| | | | | | |
| n | | | | | AM |
| Best time to contact you at h | | | | | PM |
| If you are under 18 years of proof of your eligibility to w | | required | | □ Yes | □ No |
| | | • | | | |
| Have you ever filed an applic | | | | | \square No |
| | | If Yes, give date | | | |
| Have you ever been employe | d with us before? | | ••••• | | \square No |
| If Yes, give date | | | | | |
| Do any of your friends or rel | atives, other than spo | ouse, work here? | | 🗆 Yes | □ No |
| Are you currently employed? |) | | ••••• | 🗆 Yes | \square No |
| May we contact your present | t employer? | | ••••• | 🗆 Yes | \square No |
| Are you prevented from lawf | fully becoming emplo | yed in this | | | |
| country because of Visa or I: Proof of citizenship or it | | II he required upon ex | nnlovment | □ Ves | □ No |
| Date available for work | | • | • | | |
| Are you available to work: | ☐ Full-Time | (please indicate 1 | - | | |
| The you available to work. | | - | | | ` |
| | \square Part-Time | (please indicate M | _ | | |
| | \square Temporary | (please indicate da | tes available _ | // | _//) |
| Are you currently on "lay-off | " status and subject t | to recall? | | | \square No |
| Can you travel if a job requi | res it? | | | □ Ves | \square No |

EDUCATION

| | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|--------------------------|-------------------------------|-----------------|---------------------------------|-------------------|
| Elementary School | | | 1 | , journey . |
| High School | | | | : |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

| Describe any specialized training, apprenticeship, skills a | and extra-curricular activities. | |
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| Describe any job-re | elated training rece | ived in the United | States military. | | |
|---------------------|----------------------|--------------------|------------------|---------------------------------------|----------|
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| | | | | B | |

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.

| . E | mployer | | Dates E From | mployed To | Work Performed |
|------|--------------------|--|----------------------|---------------------|---|
| Ad | ldress | | Pion | 10 | |
| Te | elephone Number(s) | , , , , , , , , , , , , , , , , , , , | Hourly R Starting | ate/Salary Final | |
| Jo | b Title | Supervisor | J | 11.60 | |
| Re | eason for Leaving | - | | | |
| . En | mployer | | Dates E | mployed To | Work Performed |
| Ad | ldress | | | | |
| Te | elephone Number(s) | | Hourly R Starting | ate/Salary Final | |
| Jo | b Title | Supervisor | | | |
| Re | eason for Leaving | | | | |
| En | mployer | and the second s | Dates E From | mployed To | Work Performed |
| Ad | ddress | | | | |
| Те | elephone Number(s) | | Hourly R Starting | ate/Salary Final | |
| Jo | bb Title | Supervisor | | | |
| Re | eason for Leaving | | | | |
| Er | mployer | | Dates E | mployed To | Work Performed |
| Ac | ddress | | | | |
| Te | elephone Number(s) | | Hourly R Starting | ate/Salary Final | |
| Jo | ob Title | Supervisor | | | |
| Re | eason for Leaving | | | | |
| _ | If you need a | dditional space, please o | continue c | n a separa | te sheet of paper. |
| You | • | e, business or civic activ p which would reveal gender, 1 | | | gin, age, ancestry, disability or other |
| | | | | | |
| | | | | | |

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. Signature of Applicant Date FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview ☐ Yes \square No Remarks _____ INTERVIEWER DATE Date of Employment _____ Employed \square Yes \square No Hourly Rate/ ____ Salary _____ Department _ 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.



ADDITIONAL INFORMATION

| Othe | er Qualifications | | | | |
|--------------|---|--------------------------|--------------------------|---------------------------------------|-------------|
| Sumr | narize special job-relat | ted skills and qualifica | tions acquired from em | ployment or other experience | : . |
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| | | | | | |
| | | | | | |
| SPEC | IALIZED SKILLS | (CHECK SKILLS/ | EQUIPMENT OPERATI | ED) | |
| | | | Production/Mobile | | |
| | Terminal | Spreadsheet | Machinery (list) | Other (list) | |
| | PC/MAC | Word Processing | | | |
| | Typewriter | Shorthand | | | |
| | WPM | WPM | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
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| State vour d | any additional inforn application. | nation you feel may b | e helpful to us in consi | dering | |
| , | ** | | | | |
| | AND | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Note | to Applicants: DO NO | Γ ANSWER THIS QUE | ESTION UNLESS YOU | HAVE BEEN | • |
| | | | THE JOB FOR WHICH | | |
| Can y | ou perform the essent | ial functions of the job | , for which you are app | lying, either with or without | a |
| reaso | nable accommodation | ? | _YESNO | | |
| PEEE | RENCES | | | | |
| | | | | | |
| 1 | | (Name) | (| _) Phone # | |
| | | | | THORE II | |
| | | (Address) | | | |
| 2 | | (Name) | (| | |
| | | | | | |
| | | (Address) | | | |
| 3 | | (Name) | (| | |
| | | (1.00) | | A MOHO II | |
| | | (Address) | | | |