



**AMERICAN**  
P R I N T I N G  
*The Insightful Alternative*

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

## Employment Application

American Printing Company, Inc is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex, handicap, disability or any other basis prohibited by applicable local, state or federal fair employment laws or regulations.

Applications will remain active for a period of thirty (30) days from the date submitted, and thereafter, you must notify us if you wish to continue to be considered for employment. Applications will be kept on file for one year. To be considered, every applicant must fill out a copy of this application form. Applicants with a disability may request accommodations needed in the application and/or interview process.

Please **answer all questions on this form** so that it can stand independent of other materials submitted, such as a resume. This application form is used in considering candidates for all positions; therefore, some questions may not apply to you. If that is the case, please a "N/A" (not applicable) in that area. **All sections must be completed in full.**

### Personal Information

Name: \_\_\_\_\_  
*(Last)*
*(First)*
*(Middle Initial)*

Address \_\_\_\_\_  
*(Street & Number)*
*(City, State & Zip)*

Home Telephone Number: \_\_\_\_\_  
 Alternate Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Position desired** \_\_\_\_\_ **Salary Expected** \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No   
 (Proof of eligibility will be required upon offer of employment)

Are you over the age of 18? Yes  No   
 (If no, you may be asked to provide authorization to work)

Have you ever applied here before? Yes  No   
 If yes, when? \_\_\_\_\_

Have you ever worked here before? Yes  No   
 If yes, when? \_\_\_\_\_

Are you employed now? Yes  No   
 If yes, may we contact your present employer? Yes  No

When are you available to begin employment? \_\_\_\_/\_\_\_\_/\_\_\_\_

What shifts are you willing to work?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Where did you hear about the position? \_\_\_\_\_

Name under which you worked if different from contact information: \_\_\_\_\_

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? *Answering "Yes" to the following question is not an automatic bar to employment.*  
 Yes  No   
 If yes, please explain: 1) nature of charges 2) dates involved 3) country and states involved

---



---



---

### EDUCATION

Name of School	Address/Location	Graduated		Area of Study	GPA
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### EMPLOYMENT EXPERIENCE

Provide complete information. Begin with your current or most recent employer. Include self-employment and military service. Do not exclude any employment. Attach additional sheets if necessary.

1. Employer	Job Title	Salary		Dates Employed	
		Begin	End	From	To
Address	Supervisor				
Phone Number	Reason for leaving	May we contact this employer?		Yes	No
Job responsibilities					

2. Employer	Job Title	Salary		Dates Employed	
		Begin	End	From	To
Address	Supervisor				
Phone Number	Reason for leaving	May we contact this employer?		Yes	No
Job responsibilities					

<b>3. Employer</b>	Job Title	<b>Salary</b>		<b>Dates Employed</b>	
		Begin	End	From	To
Address	Supervisor				
Phone Number	Reason for leaving	May we contact this employer?		Yes	No
Job responsibilities					

<b>4. Employer</b>	Job Title	<b>Salary</b>		<b>Dates Employed</b>	
		Begin	End	From	To
Address	Supervisor				
Phone Number	Reason for leaving	May we contact this employer?		Yes	No
Job responsibilities					

<b>5. Employer</b>	Job Title	<b>Salary</b>		<b>Dates Employed</b>	
		Begin	End	From	To
Address	Supervisor				
Phone Number	Reason for leaving	May we contact this employer?		Yes	No
Job responsibilities					

Please explain any gaps in employment, other than personal illness, injury, or disability:

---



---

**JOB-RELATED SKILLS/REQUIREMENTS**

If the job requires: Do you have the appropriate, valid drivers license or are you able to obtain one upon offer of employment? Yes  No

Do you hold any certifications relevant to your profession? Yes  No   
 If yes, please list: \_\_\_\_\_

State any qualifications and/or skills you may have which you regard as relevant to the job for which you are applying:

---



---



---

The work attendance schedule requires that an employee be present at all assigned shifts except for excused absences. Are you willing and able to meet this requirement? Yes  No   
 If no, explain: \_\_\_\_\_

Our workflow requires that all operational employees work frequent overtime. Are you willing and able to be available for frequent overtime demands? Yes  No

If no, explain: \_\_\_\_\_

Why are you interested in American Printing Company, Inc.?

---

---

---

**Your application will not be processed unless you have read and signed the Authorization, Release and Certification on the last page of this application.**

## AUTHORIZATION, RELEASE, AND CERTIFICATION

1. **Statements True and Complete.** I certify that all information on this application is true, complete, and correct. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.
  
2. **Background Investigation.** I hereby give permission to the employer to seek to verify and supplement the information set forth in the application and understand that all the information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions, or any other party listed in this application or attached documents. Information in this document may be released to a third party used to verify the information. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.
  
3. **Employment-at-will.** I understand that employment with this employer is not contractual and is at-will, which means that if hired, I may voluntarily leave employment at any time, and may be terminated at any time with or without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.
  
4. **Testing and Examinations.** I understand that American Printing Company is committed to maintaining a drug-free workplace, and that any offer of employment is contingent upon successful completion of a pre-employment drug screen for all employees. I agree to take the pre-employment medical examination and such future medical examinations as may be required, based upon position requirements, determined by American Printing Company.
  
5. **Employment Eligibility.** I understand that I will be asked to provide further documentation verifying that I am eligible to be employed and verifying my identity. This is in accordance with the Immigration Reform and Control Act of 1986, and I understand that my failure to do so may result in termination of employment or termination of consideration of employment.

I understand this application will be considered inactive after thirty (30) days, but will remain on file for one year.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Furthermore, by electronically submitting this application, I agree to the conditions stated above. This electronic signature is enforceable as if I had personally signed the application.

**Dated:** \_\_\_\_\_

**Applicant's Name (*Print or Type*)** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_