

Application For Employment

NAME: _____ POSITION: _____ DATE: _____ / _____ / _____

We consider applicants for all positions without regard to age, race, color, religious creed, national origin, sex, sexual orientation, age, criminal record, mental illness, handicap/disability, or any other legally protected status pursuant to **Massachusetts Fair Employment Practices Act**, and other relevant federal, state and local laws.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

How Did You Learn About Us?

| | | |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

| | | |
|---------------------|------------------------|-------------|
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | | City |
| | | State |
| | | Zip Code |
| Telephone Number(s) | Social Security Number | |
| | | |

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, give date _____

Have you ever been employed with us before? Yes No
 If Yes, 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 would 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

Within the last 5 years have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? Yes No

If Yes, please explain _____

Education

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

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.

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 Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | 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

| | | | |
|-------------------------------------|--------------------------------------|--|---------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax | Production/Mobile Machinery (list): | Other (list): |
| <input type="checkbox"/> PC | <input type="checkbox"/> Lotus 1-2-3 | _____ | _____ |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Wordperfect | _____ | _____ |

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

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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

References

| | | | |
|----|-----------------|-----|-----------------|
| 1. | _____ (Name) | () | _____ (Phone #) |
| | _____ (Address) | | |
| 2. | _____ (Name) | () | _____ (Phone #) |
| | _____ (Address) | | |
| 3. | _____ (Name) | () | _____ (Phone #) |
| | _____ (Address) | | |

Applicant's Statement

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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

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. 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

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho 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.

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____