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.

	(PLE	ASE PRINT)			
Position(s) Applied For			Date	of Application	
How Did You Learn About Us? Advertisement Employment Agency	☐ Relative ☐ Friend	☐ Inquiry ☐ Other			
Last Name	First Name		Middle Na	ime	
Address Number	Street	City	State	Zip	Code
Telephone Number(s)			Social Security Nu	ımber (Volunta	rry)
Best time to contact you at he	ome is:			:-	AM PM
If you are under 18 years of a proof of your eligibility to wo		required		□ Yes	□ No
Have you ever filed an applica	ation with us before	?		🗆 Yes	□ No
		If Yes, give date		_	
Have you ever been employed	with us before?			🗆 Yes	□ No
If Yes, give date					
Do any of your friends or rela	tives, other than spo	ouse, work here?		🗆 Yes	□ No
Are you currently employed?				🗆 Yes	□ No
May we contact your present	employer?			🗆 Yes	□ No
Are you prevented from lawfu country because of Visa or Im Proof of citizenship or in	nmigration Status?		nnlovment	. 🗆 Yes	□ No
Date available for work/_			TO TO		
Are you available to work:	☐ Full-Time	(please indicate 1			
	☐ Part-Time	(please indicate M		on Evenin	gs)
	☐ Temporary	(please indicate da			
Are you currently on "lay-off"	status and subject t	o recall?		□ Yes	□ No
Can you travel if a job require	es it?			. Yes	□ No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				
Describe any specialized	training, apprenticeship, s	skills and extra-curricula	ar activities.	
Describe any job-related	training received in the U	nited 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.

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 			y, 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.

Date
NT USE ONLY
INTERVIEWER DATE

NAME AND TITLE

Department

DATE

Salary

By _

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.





Job Title

ADDITIONAL INFORMATION

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Terminal	Spreadsheet	Machinery (list)	Other (list)
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Typewriter	Shorthand		
WPM	WPM		
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Position(s) Applied For Is Open:	☐ Yes ☐ No	
osition(s) Considered For:		
	Date	
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