

APPLICATION FOR EMPLOYMENT



NAME		DATE	
ADDRESS		TELEPHONE	
CITY, STATE, ZIP		Soc. Sec. No.	
HAVE YOU PREVIOUSLY APPLIED TO THIS COMPANY If yes, list date(s) & location(s)		If related to anyone in our employ, state name and dept.	
POSITION APPLYING FOR	ARE YOU EMPLOYED NOW?	DESIRED PAY	
FULL TIME <input type="checkbox"/> Y <input type="checkbox"/> N PART TIME <input type="checkbox"/> Y <input type="checkbox"/> N FLEXIBLE <input type="checkbox"/> Y <input type="checkbox"/> N	HOURS/DAYS	WILLING TO WORK OVERTIME <input type="checkbox"/> Y <input type="checkbox"/> N	DATE AVAILABLE
DO YOU SPEAK ANY FOREIGN LANGUAGES?	HAVE YOU HAD ANY PRIOR INSTANT PRINTING EXPERIENCE? (Describe)		
WHAT MACHINES CAN YOU OPERATE?	LIST SPECIAL TRAINING/SKILLS		
HOW DID YOU LEARN OF OUR ORGANIZATION?	IN CASE OF EMERGENCY NOTIFY		
ACTIVITIES: CIVIC, ATHLETIC, ETC. _____ <small>(Exclude organizations, the name or character of which indicates the race creed, sex, marital status, age, color or national origin of its members)</small>			

EDUCATION		NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	LAST YEAR COMPLETED	GRADUATE ✓	DEGREE OR DIPLOMA
	Grammar			5 6 7 8		
	High			1 2 3 4		
	College			1 2 3 4		
	Trade			1 2 3 4		
	Other			1 2 3 4		

EMPLOYMENT	LIST EMPLOYERS WITH PRESENT OR MOST RECENT STARTING OR MOST RECENT	1. COMPANY	FROM	TO	
		ADDRESS	TELEPHONE		
		JOB TITLE	SUPERVISOR	START SALARY	LEAVE SALARY
		DUTIES			
		REASON FOR LEAVING			
		2. COMPANY	FROM	TO	
		ADDRESS	TELEPHONE		
		JOB TITLE	SUPERVISOR	START SALARY	LEAVE SALARY
		DUTIES			
		REASON FOR LEAVING			
		3. COMPANY	FROM	TO	
		ADDRESS	TELEPHONE		
		JOB TITLE	SUPERVISOR	START SALARY	LEAVE SALARY
		DUTIES			
		REASON FOR LEAVING			

Have you had any experiences or qualifications other than those positions indicated above? _____

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Company Number(s) _____ Reason _____ _____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status or physical or mental handicap or disability.

ATTENDANCE

Have you had a major illness, hospitalization or institutionalization in in the past 5 years? If yes, describe. _____

Do you have any physical limitations which preclude you from performing certain jobs or tasks? If yes, describe. _____

How do you plan to commute to work? Personal Vehicle Public Transportation Car Pool Other
 (Please explain, if Other.) _____

Do you smoke? Yes No

Have you ever received Workman's Compensation or Disability Income Payments? If yes explain. _____

OTHER

Have you ever been bonded? (If yes, with what employer?) _____

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? (If yes describe in full) _____

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO WHO YOU HAVE KNOWN AT LEAST ONE YEAR

REFERENCES

NAME	ADDRESS	TELEPHONE	CHECK TYPE OF RELATIONSHIP		
			SUPERVISOR	CO-WORKER	FRIEND

What do you feel you could offer Allegro Copy + Print? _____

What are your employment goals for the future: _____

One year from now? _____

Five years from now? _____

What type of work do you like doing most? _____

What do you expect from your supervisor? _____

What should your supervisor expect from you? _____

Give a short description of yourself _____

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS VALID AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

Date _____ Applicant's Signature _____