

# Employment Application

An Equal Opportunity Employer



## PERSONAL INFORMATION

|   |        |                     |  |
|---|--------|---------------------|--|
| Name:   |        | Social Security No: |  |
| Address:  |        |                     |  |
| City:   | State: | Zip:                |  |
| Phone:  | Email: |                     |  |
| Are you a United States citizen?                    | Yes    | No                  | If no, do you have legal authorization papers not tied to a particular employer? |
| Are you at least 18 years of age?                   | Yes    | No                  | If no, what is your birthdate?   |
| Have you ever been convicted of a criminal offense? | Yes    | No                  | If yes, state the nature of the crime(s) below.                                  |
| Do you hold a valid drivers license?                | Yes    | No                  | If no, why not?  |

## POSITION INFORMATION

|   |           |                       |  |
|---|-----------|-----------------------|--|
| Position applying for:  |           |                       |  |
| Desired Salary:   |           | Available Start Date: |  |
| Are you applying for:   | Full-time | Part-time             | Seasonal                                     |
| What are your desired days and hours?   |           |                       |  |
| Are you willing to work shifts?   | Yes       | No                    | Are you willing to work overtime? Yes No     |
| Have you ever been employed here before?  | Yes       | No                    | If yes, when:                                |
| Are you willing to travel if the job requires it?   | Yes       | No                    | Are you able to lift 25 lbs? Yes No          |
| Are you employed now?   | Yes       | No                    | May we contact your current employer? Yes No |
| Have you ever been dismissed from employment, forced to resign, or resigned to avoid being dismissed?                   | Yes       | No                    | If yes, explain:                             |
| Do you have any commitments or non-compete agreements with another employer which might affect your employment with us? | Yes       | No                    | If yes, please explain.                      |

## EDUCATION

| School Name  | Location | Years Attended | Did you graduate? | Degree |
|--|----------|----------------|-------------------|--------|
| High School  |          |                |                   |        |
| College  |          |                |                   |        |
| Other  |          |                |                   |        |
| Additional licenses, certifications, trainings attended: |          |                |                   |        |

## EMPLOYMENT HISTORY

|                     |                                |                 |
|---------------------|--------------------------------|-----------------|
| Company Name:       |                                | Job Title:      |
| Address:            |                                | City:           |
| State:              | Zip:                           | Phone:          |
| Contact Person:     | Starting Pay:      Ending Pay: | Dates Employed: |
| Reason for leaving: |                                |                 |
| Company Name:       |                                | Job Title:      |
| Address:            |                                | City:           |
| State:              | Zip:                           | Phone:          |
| Contact Person:     | Starting Pay:      Ending Pay: | Dates Employed: |
| Reason for leaving: |                                |                 |
| Company Name:       |                                | Job Title:      |
| Address:            |                                | City:           |
| State:              | Zip:                           | Phone:          |
| Contact Person:     | Starting Pay:      Ending Pay: | Dates Employed: |
| Reason for leaving: |                                |                 |

## REFERENCES

|          |                    |      |
|----------|--------------------|------|
| Name:    | How you know them? |      |
| Address: |                    |      |
| City:    | State:             | Zip: |
| Phone:   | Email:             |      |
| Name:    | How you know them? |      |
| Address: |                    |      |
| City:    | State:             | Zip: |
| Phone:   | Email:             |      |
| Name:    | How you know them? |      |
| Address: |                    |      |
| City:    | State:             | Zip: |
| Phone:   | Email:             |      |

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. I understand Graphic Composition, Inc. has a no illegal drug policy.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_