

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 _____