



**ADVERTISERS  
PRINTING COMPANY, INC.**

**EMPLOYMENT  
APPLICATION**

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. This application is considered valid for 30 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application and submitting it to the Human Resources Department. **PLEASE PRINT ALL REQUESTED INFORMATION. DO NOT USE "REFER TO RESUME."** FAILURE TO COMPLETE ALL REQUESTED INFORMATION MAY DELAY YOUR APPLICATION OR RESULT IN OMISSION FROM CONSIDERATION.

**PERSONAL INFORMATION**

LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP		EMAIL ADDRESS	DAY TIME PHONE
WERE YOU PREVIOUSLY EMPLOYED BY ADVERTISERS PRINTING COMPANY? <input type="checkbox"/> YES, Date(s) _____ Location(s) _____ <input type="checkbox"/> NO			Social Security Number
HAVE YOU EVER APPLIED TO ADVERTISERS PRINTING COMPANY? <input type="checkbox"/> YES, Date(s) _____ Location(s) _____ <input type="checkbox"/> NO			Drivers License No. (if applicable)

**JOB REFERRAL SOURCE** (name specific source):

Newspaper/Internet Ad \_\_\_\_\_ Agency \_\_\_\_\_ Employee \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_

Check the following options which you would like to work  Full-Time  Part-Time  Temporary

In case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Are you willing to work overtime?  YES  NO

Are you currently on "lay-off" status and subject to recall?  YES  NO

Are you employed now?  YES Where? \_\_\_\_\_  NO

Date available to work \_\_\_\_\_

HOURS AVAILABLE	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Position Applying for:
FROM:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Salary Desired:
TO:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL/GED					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
TRADE SCHOOL					
APPRENTICE SCHOOL					
OTHER					

List any other education, training, special skills, certifications, or licenses that you possess:

**EXPERIENCE - List Present and Former Employers beginning with most recent**

Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
	May We Contact?	Employed
State Job Title and Describe Your Work and Responsibilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Wages (hourly, salary, or base and commission)	
	Starting	Last
	Reason for Leaving	
Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
	May We Contact?	Employed
State Job Title and Describe Your Work and Responsibilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Wages (hourly, salary, or base and commission)	
	Starting	Last
	Reason for Leaving	
Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
	May We Contact?	Employed
State Job Title and Describe Your Work and Responsibilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Wages (hourly, salary, or base and commission)	
	Starting	Last
	Reason for Leaving	
Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
	May We Contact?	Employed
State Job Title and Describe Your Work and Responsibilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Wages (hourly, salary, or base and commission)	
	Starting	Last
	Reason for Leaving	

**SKILLS AND QUALIFICATIONS**

Have you had any other experiences or qualifications, in addition to those indicated above, which relate to the job for which you are applying? (Include any foreign language knowledge.) If so, please describe:

Computer Hardware/Software: \_\_\_\_\_

Office Machines: \_\_\_\_\_

Production Equipment: \_\_\_\_\_

Mobile Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

**REFERENCES: -- List three (3) business persons known, not related to you and other than those listed above, who can speak to your previous and/or present job performance, knowledge, skills, and/or abilities.**

NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN

**ADDITIONAL EMPLOYMENT RELATED INFORMATION**

List any relatives or friends working for this company:

NAME	Relationship
_____	_____
_____	_____

Can you verify your legal rights to work in the U.S. by providing appropriate documentation? (Proof of U.S. Citizenship or Immigration status is required upon employment.)  YES  NO

Are you able to perform the job for which you are applying?  YES  NO

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?  YES  NO

A conviction will not necessarily disqualify you from the position from which you have applied. If "yes", please describe:

Have you signed any non-compete agreements with any other employer that would restrict you from working with this company?  Yes  No If yes, please explain: \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

Have you ever been discharged or asked to resign?  Yes  No If yes, please explain:

**APPLICANT'S REFERENCE AUTHORIZATION AND CERTIFICATION**

*This is to inform you that as part of our procedure for processing your employment application, Advertisers Printing Company will investigate your previous employment, educational credentials, and/or other employment-related activities such as driving record, etc. Advertisers Printing Company may use an independent consumer/investigation-reporting agency.*

I hereby authorize all prior employers, educational institutions, the Social Security Administration, law enforcement, investigative and other government agencies to give Advertisers Printing Company any and all information concerning previous employment as well as any relevant information and opinions which may be useful in making a hiring decision, including, but not limited to, any courthouse, any public agency, and any and all law enforcement agencies, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources. This information may include information as to your character, driving record (including traffic citations), a social security number verification, present and former addresses, criminal (felony) record, educational verification, general reputation, and/or personal characteristics. By signing this document you agree to the investigation and agree to cooperate in such investigations and release any and all persons, companies, government agencies, or others from any and all liability from furnishing information and opinions (whatever is truthful or made in good faith) to the company.

**I understand that any omission, false or inaccurate statements on my resume, application, during interviews, or on any document completed during the interview/employment process will result in my removal from further consideration for employment, or, if employed when discovered, may result in dismissal regardless of the time elapsed before discovery. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that if any allegations of workplace misconduct are made against me during my employment the Company will investigate those allegations. I give my permission to the Company to conduct those investigations and I agree to cooperate in all such investigations.**

I certify that answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Advertisers Printing Company is an "AT-WILL" nature, which means that the employee may resign at any time and the employer may discharge the 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 the Chief Executive Officer of Advertisers Printing Company.

*You may be asked to take a drug test as part of your pre-employment screening. Successful completion of this test is required before you begin work.*

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security\* #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Please list other names you have used: \_\_\_\_\_ Dates Used: \_\_\_\_\_

**Current** Address: \_\_\_\_\_ How Long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Former** Address: \_\_\_\_\_ How Long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Former** Address: \_\_\_\_\_ How Long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\* Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.**