

APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE 100% COMPLETE BEFORE INTERVIEW

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship, age, handicap, disability, veteran status, or any other status protected by applicable law.

Name _____ Date ____/____/____
LAST FIRST MIDDLE

Address _____
NUMBER STREET

_____ How long there? _____
CITY STATE ZIP CODE

Phone (____) _____ / (____) _____ Social Security No. _____
AREA CODE AREA CODE

In case of emergency notify _____
NAME RELATIONSHIP PHONE NO.

MUST FILL OUT THIS SECTION TO BE CONSIDERED FOR EMPLOYMENT

Position(s) applying for _____

Salary / Hourly wage desired _____

Date you can start _____

Are you on lay-off and subject to recall? ___ Yes ___ No

Have you ever filed an application here before? ___ Yes ___ No Date ____/____/____

Have you ever been employed here before? ___ Yes ___ No Date ____/____/____

Do any of your friends and / or relatives work here? ___ Yes ___ No
 If yes, list name(s) and relationship(s) _____

If you are under eighteen (18) years old, state your age _____ Are you eligible for employment in the U.S.A.? ___ Yes ___ No

Can you, if hired, provide proof of your legal right to work in the United States? ___ Yes ___ No

Are you available to work (Check all that apply) ___ Full Time ___ Part Time ___ 1st Shift ___ 2nd Shift ___ 3rd Shift ___ Other _____

Can you travel if a job requires it? ___ Yes ___ No If necessary, are you willing to relocate to another area? ___ Yes ___ No

Are there any days and / or hours that you cannot work? ___ Yes ___ No
 If yes, please specify _____

Have you ever been convicted of any criminal offenses involving dishonesty or a breach of trust? ___ Yes ___ No
 If yes, please provide details _____
(Note: A conviction of a criminal offense may be relevant if job related, but will not automatically disqualify you from consideration for employment at FHI.)

How did you hear about Phillips Printing? Newspaper State Employment Agency
 Employee _____ Walk-in College Placement Office
NAME

Employment Agency _____ Friend _____ Other _____
NAME NAME

REFERENCES: GIVE BELOW THE NAMES OF THREE (3) PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR)			
NAME	ADDRESS / PHONE #	NATURE OF RELATIONSHIP	YEARS ACQUAINTED

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY		Please give an accurate & complete full-time and part time employment record for past ten (10) years. Explain any lapse of time.
DO NOT SUBSTITUTE YOUR RESUME START WITH YOUR PRESENT OR MOST RECENT EMPLOYER		
1	Company Name	Telephone ()
	Address (Street) (City) (State) (Zip)	Employed (Month / Year) From / To /
	Name of Supervisor Supervisor's Title	Salary / Hourly Wage Start \$ Last \$
	State job title and describe your work	Reason for Leaving
2	Company Name	Telephone ()
	Address (Street) (City) (State) (Zip)	Employed (Month / Year) From / To /
	Name of Supervisor Supervisor's Title	Salary / Hourly Wage Start \$ Last \$
	State job title and describe your work	Reason for Leaving
3	Company Name	Telephone ()
	Address (Street) (City) (State) (Zip)	Employed (Month / Year) From / To /
	Name of Supervisor Supervisor's Title	Salary / Hourly Wage Start \$ Last \$
	State job title and describe your work	Reason for Leaving
4	Company Name	Telephone ()
	Address (Street) (City) (State) (Zip)	Employed (Month / Year) From / To /
	Name of Supervisor Supervisor's Title	Salary / Hourly Wage Start \$ Last \$
	State job title and describe your work	Reason for Leaving
DO NOT CONTACT We may contact the employers listed above, unless you indicate those you do not want us to contact.		Employer Number _____ Reason _____ Employer Number _____ Reason _____

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EDUCATIONAL HISTORY						
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SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE / DIPLOMA	GPA
HIGH SCHOOL						
COLLEGE / UNIVERSITY						
BUSINESS / TECH / VOC.						

SPECIAL SKILLS AND TRAINING (please list any skills & training which will better qualify you for the position in which you are interested in)						
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LICENSES & SKILLS	TYPE OF TRAINING & EQUIPMENT	ACTIVE & / OR CURRENT	YEARS OF KNOWLEDGE
PROFESSIONAL LICENSES &/OR CERTIFICATIONS		___ YES ___ NO	
TRAINING COURSES		___ YES ___ NO	
COMPUTER, SOFTWARE, &/OR EQUIPMENT		___ YES ___ NO	
OTHER EQUIPMENT		___ YES ___ NO	
OTHER		___ YES ___ NO	

EXPERIENCE AND QUALIFICATIONS - DRIVER LICENSES THIS SECTION IS FOR CURRENT CDL DRIVERS			
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STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE			
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CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC.	DATES FROM TO	APPROXIMATE NUMBER OF TOTAL MILES
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST THREE (3) YEARS - ATTACH SHEET IF NEEDED			
DATES	NATURE OF ACCIDENT HEAD-ON, REAR-END, UPSET, ETC.	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS)			
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LOCATION	DATE	CHARGE	PENALTY

- A. Have you ever been denied a license or privilege to operate a motor vehicle? ___ YES ___ NO
- B. Has any license, permit, or privilege ever been suspended or revoked? ___ YES ___ NO

APPLICATION FOR EMPLOYMENT

It is the intent of Phillips Printing to comply with the requirements of the Immigration Reform and Control Act of 1986 and hire only workers who are legally eligible to work in the United States.

If you are hired by Phillips Printing, you will be required to show proof of work eligibility and documentation to establish your true identity. If hired, you must bring these eligibility documents with you on your first day of work.

A valid state driver's license with picture is sufficient proof of identity. Employment eligibility can be established by a Social Security Card or U.S. Birth Certificate. Both identity and employment authority can be established by a U.S. Passport, a certificate of U.S. Citizenship or Naturalization, an unexpired foreign passport endorsed with authority to be employed, or an Alien (Green) Card bearing a picture and employment authorization.

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE WILL OF EITHER PHILLIPS PRINTING OR MYSELF. I AGREE THAT I SHALL REMAIN EMPLOYED SOLELY ON AN AT-WILL BASIS AND THIS BASIS MAY ONLY BE ALTERED IN WRITING, SIGNED BY THE CEO

I FURTHER UNDERSTAND THAT THE TAKING OF DRUG TESTS ARE A CONDITION OF PRE-EMPLOYMENT / EMPLOYMENT AND REFUSAL TO TAKE SUCH TESTS WHEN ASKED WILL SUBJECT ME TO TERMINATION OR RETRACTION OF THE EXTENDED OFFER OF EMPLOYMENT. I ALSO UNDERSTAND THAT ANY EMPLOYMENT OFFER MADE TO ME IS CONTINGENT UPON THE PASSING OF THE REQUIRED EMPLOYMENT JOB-RELATED PHYSICAL EXAMINATION.

SIGNATURE _____

DATE ____ / ____ / ____