APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Signature of Applicant Date		
	Date	Signature of Applicant	
	Date		

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



NAME:

FOR EMP

(PLEASE PRINT)

national origin, age, disability, veteran status, or any other legally protected status. We consider applicants for all positions without regard to race, color, religion, creed,

gender,

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yed with us before? Yes Yes Yes relatives, other than spouse, work here? Iship and location Gent employer? Immigration Status? Immigration status will be required upon employment. Yes What is your desired salary range? Full Time (Please indicate 1 2 3 shift) Part Time (Please indicate Mornings Afternoon Evenings) Temporary (Please indicate dates available/	If you are under 18 years of age, can you provide required proof of your eligibility to work?			No
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### What is your desired salary range?	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.			No
Part Time (Please indicate Mornings Afternoon Evenings) Temporary (Please indicate dates available/	/ /	y range?		
☐ Yes ☐ Yes	 Full Time (Please indicate 1 2 3 Part Time (Please indicate Mornings Temporary (Please indicate dates availal) 	noon		
Tyes	Are you currently on "lay-off" status and subject to recall?			No
	Can you travel if a job requires it?			No

DATE:

:NOITISO9:

EDUCATION

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	.;
To Condition	From	Work Pertormed
Address		
Telephone Number(s)	Hourly Bate/Salary	
Starting/Present Job Title	Starting Final	
Supervisor		
Reason for Leaving	May We Contact?	t?
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Telephone Number(s)	Hourly.Rate/Salary	
Starting/Present Job Title	Starting Final	
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Address	01 11011	
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Telephone Number(s)	Hourly Rate/Salary	
Starting/Present Job Title	Starting Final	
Supervisor		
Reason for Leaving	May We Contact?	r? □ Yes □ No

Comments: Include explanation of any gaps in employment.

Describe any job-related training received in the United States military. Instructional, trade, business or citic activities and offices held. ADDITIONAL INFORMATION Other Qualifications Summaries special phendual shits and qualification equival from employment or other experience. Terminal — Terminal — Sepandables — Need Proceeding — Terminal — Sepandables — Need Proceeding — Terminal — Shorthand — Need Proceeding — Terminal — Shorthand State any additional information you feel may be helpful to us in considering your application. Name PRESONAL PROFESSIONAL REFERENCES Do not include family numbers or pass supervisors. Phone Name Phone Number Phone Number Phone Number Phone Number						
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