



EMPLOYMENT APPLICATION

INSTRUCTIONS: Please type or print in ink. Fill in all blanks completely. Incomplete or conflicting information may disqualify your application from further consideration. This application will remain active for 90 days.

PERSONAL INFORMATION DATE

Last Name	First Name	MI	Social Security Number
Street Address (No Post Office Box)			Phone Number
City	State	Zip Code	Cell Phone /Beeper
Are you legally eligible for employment in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Expected Salary:	
Have you ever been convicted of a Crime? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____			
If yes, please fully explain:			
<i>Answering yes to this question will not necessarily disqualify you from employment.</i>			

Position for which you are applying? _____

REFERRAL SOURCE: Newspaper Employee Walk-in Other _____

If referred by an employee please state their name and relationship to you. _____

AVAILABILITY FOR WORK

Shift Preference 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Any Shift <input type="checkbox"/>	Are you able to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to travel if required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Available for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date Available?
Will you work in a part time position while being considered for full time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever worked at any of the Angstrom Graphics locations? Where? _____ When? _____

Other activities that may reflect your ability to do the job for which you are applying (example: extra curricular activities, memberships, offices held, hobbies, etc). Do no list any organizations or activities that may reflect race, color, religion, sex national origin or marital status.

In compliance with the Civil Rights Act of 1964 and 1991, the Age Discrimination in Employment Act 1967, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Fair Credit Reporting Act all other relevant federal and state laws, the policy of this company prohibits discrimination in employment because of race, color, religion, national origin, sex, age, or disability.

EDUCATIONAL HISTORY

School	Name and Location of School	Course of Study	Last Grade Completed	Did you Graduate?	Degree/Diploma
College					
High School					
Vocational/ Technical					
Other Studies					
Professional Licenses or Certifications					

SKILLS AND ABILITIES

Briefly describe why you feel you qualify for a position with our company. You may use a separate sheet of paper if you need more space.

Computer Skills or Machinery you can proficiently operate?

Briefly describe what Customer Service means to you.

List any foreign language(s) and check the box that best describes your skill level. *(Complete only if a foreign language is a requirement for the position).*

Language	Read	Write	Speak

HISTORY OF MILITARY SERVICE

Describe your duties and any special training.	Branch of Service
	Period of Active Duty From (mo./yr.) To (mo./yr.)
	Rank at Discharge

EMPLOYMENT HISTORY

A resume may be submitted, but will not be accepted in place of this application. All questions must be completed in full. List all jobs and activities, including part-time employment while in school, U.S. Military Service and self-employment for the past 10 years. Begin with most current.

(1) Employer (current)		Street Address, City, State, Zip Code	
Supervisor (name and title)	Your Job Title and Department	Area Code, Phone No./ Ext.	
Description of your Duties:			
Dates of Employment: From: (mo./yr.) To: (mo./yr.)		Wage: Start	End
		\$	\$ per Year/Week/Hour
Reason for Leaving:		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(2) Employer (previous)		Street Address, City, State, Zip Code	
Supervisor (name and title)	Your Job Title and Department	Area Code, Phone No./ Ext.	
Description of your Duties:			
Dates of Employment: From: (mo./yr.) To: (mo./yr.)		Wage: Start	End
		\$	\$ per Year/Week/Hour
Reason for Leaving:		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(3) Employer (previous)		Street Address, City, State, Zip Code	
Supervisor (name and title)	Your Job Title and Department	Area Code, Phone No./ Ext.	
Description of your Duties:			
Dates of Employment: From: (mo./yr.) To: (mo./yr.)		Wage: Start	End
		\$	\$ per Year/Week/Hour
Reason for Leaving:		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

APPLICANT ACKNOWLEDGEMENT

THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS REGARDING THOSE RIGHTS, PLEASE ASK THEM BEFORE YOU SIGN THIS APPLICATION. IF YOU DO NOT ASK, WE WILL INTERPRET THIS AS YOU FULLY UNDERSTAND THE LANGUAGE SET FORTH BELOW. THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR TWELVE (12) MONTHS FROM THE DATE FILED. IF YOU ARE HIRED, YOU UNDERSTAND THAT THIS BECOMES PART OF YOUR OFFICIAL EMPLOYMENT RECORD. PLEASE READ CAREFULLY AND INITIAL EACH BOX INDICATING THAT YOU HAVE READ AND FULLY UNDERSTAND THE FOLLOWING ITEMS:

- I understand that Angstrom Graphics maintains a drug free workplace and that a policy is available for review upon request. I may be required to submit to a drug/alcohol test, pencil and paper tests, under go a post job offer medical examination, designed to determine my suitability for the position for which I am being considered. Additionally, from time to time, I may be required to take subsequent tests during the course of my employment and consent to such post job offer and post hire testing. I understand that, subject to applicable law, Angstrom Graphics reserves the right to judge the acceptability of any test results.
- I attest that all the information I have supplied on this application, and any other information, oral or written is true and accurate. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, a withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.
- I hereby authorize Angstrom Graphics, its agents or assigns, to verify any information provided in this application and I authorize my past employers, schools, or any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I agree to hold Angstrom Graphics and any such previous employers harmless for disclosure and authorize them to release any and all factual information pertaining to me and my past employment.
- I understand that employment at Angstrom Graphics is **at will** and that this application and any other Company documents are not contracts of employment, and anyone who is hired may voluntarily leave employment, and may be terminated by the employer at any time and for any reason or no reason. I understand that any oral or written statements to the contrary are expressly disavowed.
- I understand and agree that, if hired, my employment may be terminated at any time without prior notice, without liability for wages, salary or any benefits except those earned up to the date of termination.
- I understand that Angstrom Graphics may conduct a criminal background, a driver's license report, a credit investigation and will check my references and I authorize them to do so.
- I understand that work schedules may vary and can be unpredictable, and that as such I may be required to work different shifts, weekends, or over time.
- I will be required to comply with the policies and protocols set forth in the Angstrom Graphics Employee Handbook.
- Angstrom Graphics reserves the right to amend, change, and/or modify the policies and protocols set forth in their handbook, with or without prior notice.
- I agree that any claim or lawsuit relating to my service with Angstrom Graphics or any of its subsidiaries, successors and assigns must be filed within one year after the date of the employment action that is the subject of the claim or lawsuit, or within the applicable statute of limitations, whichever is shorter. I waive any statute of limitations providing more than one year.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO COMPLY WITH ALL STATEMENTS AND CONDITIONS SET FORTH IN THIS APPLICATION

Applicant's Signature: _____

Date: _____

Applicant's Printed Name: _____