

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Please Print

Position(s) Applied For	Date of Application
How did you hear about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.) _____			
Best time to contact you at home is. <input type="checkbox"/> am <input type="checkbox"/> pm			
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date _____			
Do any of your relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment</i>			
Date available for work ____/____/____			
Are you available to work? <input type="checkbox"/> Full-Time _____ (please indicate 1 2 3 shift) <input type="checkbox"/> Part-Time _____ (please indicate morning, afternoon, evenings) <input type="checkbox"/> Temporary (please indicate dates available ____/____/____ - ____/____/____)			
Are you currently on "lay-off" status and/or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION

School	Name and Location of School	Course of Study	No. of years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Specialized Skills (Software/Equipment)

CAD Plotting (PC)

- Océ Plotter
 Océ Scanner
 Auto CAD
 Océ Reprodesk
 Repromax

MS Office (PC)

- MS Word
 MS Publisher
 MS Excel
 MS Powerpoint
 MS Project

Desktop Publishing/Graphics (PC/MAC)

- Adobe Creative Suite
 Corel Draw
 Macromedia Freehand
 Quark Xpress
 Other _____

Relevant Print Shop Experience

- High-speed copier
 High-speed printer
 UV Coater
 Epson Large Format Printer
 GBC Punch
 GBC Coil
 Cutter
 5/10 mil Laminate
 Tape binding
 Other _____
 Shrink-wrap
 Drill
 Morgana Autocreater
 Challenge 30" Cutter

REFERENCES

1. _____

Name
Phone #

Address
2. _____

Name
Phone #

Address
3. _____

Name
Phone #

Address

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

EMPLOYMENT

	Company Name	Telephone ()
	Address	Employed (State Mo. & Year) From To
1	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work _____	Reason for Leaving

	Company Name	Telephone ()
	Address	Employed (State Mo. & Year) From To
2	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work _____	Reason for Leaving

	Company Name	Telephone ()
	Address	Employed (State Mo. & Year) From To
3	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work _____	Reason for Leaving

	Company Name	Telephone ()
	Address	Employed (State Mo. & Year) From To
4	Name of Supervisor	Weekly Pay Start Last
	State Job Title & Describe Your Work _____	Reason for Leaving

DO NOT CONTACT
Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____		

CONSENT TO EMPLOYEE DRUG AND/OR ALCOHOL TESTING

APPLICANT

I understand that submission to the types of drug and/or alcohol tests listed below is a condition of employment with American Blueprinting & Supply, Inc.

By signing this form, I hereby release to American Blueprinting & Supply, Inc. and/or American Blueprinting & Supply, Inc. Medical Review Officer the results of the test(s) to which I have consented. I further authorize American Blueprinting & Supply, Inc. to discuss the results with medical personnel/physicians collecting the specimen, the testing facility, its directors, officers, agents and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein. I also authorize American Blueprinting & Supply to discuss the result with its legal advisors and to use the test results as a defense to any legal action to which I am a party.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to American Blueprinting & Supply, Inc. and /or the American Blueprinting & Supply, Inc. Medical Review Officer. I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits under the state's Workers' Compensation Law. I also understand that a refusal to test under this circumstance, including a tampered or an adulterated drug and/or alcohol specimen, will automatically result in forfeiting my eligibility for medical and indemnity benefits and immediate termination from employment.

TYPES OF DRUG AND/OR ALCOHOL TESTS THAT MAY BE CONDUCTED ARE:

PRE-EMPLOYMENT

POST-ACCIDENT

RETURN TO WORK

REASONABLE SUSPICION

FOLLOW-UP

PROPERTY DAMAGE

ROUTINE FITNESS FOR DUTY

RANDOM DRUG TESTS

I freely and voluntarily agree to a urinalysis drug screen as part of my employment, and I understand that a refusal to test, a tampered and or an adulterated specimen or a positive confirmed drug test will disqualify me from employment. If I am employed by American Blueprinting & Supply, Inc., I understand and agree to abide by American Blueprinting & Supply, Inc.'s Drug-Free Workplace Policy, and I understand and agree to everything stated above in this agreements.

I agree to comply with any drug testing policy which American Blueprinting & Supply, Inc. may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law.

Employee Signature: _____ Date: _____

Print Name: _____

Witness Signature: _____ Date: _____

