

QUALITY



PRINTERS

"Little Company...Big on Service."

EMPLOYMENT APPLICATION

Quality Printers is an equal opportunity, Affirmative Action employer. Applicants are considered without regard to age, race, color, sex, religion, national origin, marital or veteran status, sexual orientation, or the presence of a non-job-related medical condition or disability.

In accordance with the Civil Rights Act of 1964, Executive Order 11246 as amended and other related regulations governing equal employment opportunity, you are advised that you are not required to list activities or affiliations that denote age, race, color, sex, religion, national origin, marital or veteran status, sexual orientation, or the presence of a non-job-related medical condition or disability, or other protected status under federal, state or local law, ordinance or regulation.

Personal

If employed, this application becomes a part of your permanent record.
Please fill out carefully and accurately (print or type). Do not reference resume.

Last Name	First Name	Middle Initial	Date
Street Address	City	State	ZIP Code
Home Phone	Work Phone	Social Security Number	
If any of your employment was under a different name, please indicate: _____			
Type of position applied for/desired _____			
Check applicable items <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Date available _____		Salary desired _____	

Education

You may exclude organizations or information that indicates age, race, color, sex, religion, national origin, marital or veteran status, the presence of non-job-related medical condition or disability, or other protected status.

Name of School	Location	Course Curriculum			Years of Credit	Grade pt. avg.	Degree (Y or N)	Course or Major Subject
		4 yr	5 yr	Co-op				
High school								
College or university								
Graduate school								
Business/technical school								
Other education								

Military

Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	Highest rank or grade _____		
Branch of service	<input type="checkbox"/> Air Force	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Army
	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> National Guard <input type="checkbox"/> Navy
Dates of service from _____ to _____	Type of discharge _____		
	Anticipated release date _____		
Member of Reserve National Guard	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Ready Reserve (active)	
		<input type="checkbox"/> Standby Reserve (inactive)	
Duties and responsibilities			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations or information that indicate age, race, color, sex, religion, national origin, or marital or veteran status, the presence of non-job-related medical condition or disability, or other protected status. **(DO NOT REFERENCE YOUR RESUME.)**

Employer			Reason for leaving
Address			
Telephone number(s)			Job Responsibilities/Significant Accomplishments
Job title			
Supervisor name and title			
Dates Employed:	From	To	
Hourly/Annual Rate:	Start	Final	
Employer			Reason for leaving
Address			
Telephone number(s)			Job Responsibilities/Significant Accomplishments
Job title			
Supervisor name and title			
Dates Employed:	From	To	
Hourly/Annual Rate:	Start	Final	
Employer			Reason for leaving
Address			
Telephone number(s)			Job Responsibilities/Significant Accomplishments
Job title			
Supervisor name and title			
Dates Employed:	From	To	
Hourly/Annual Rate:	Start	Final	
Employer			Reason for leaving
Address			
Telephone number(s)			Job Responsibilities/Significant Accomplishments
Job title			
Supervisor name and title			
Dates Employed:	From	To	
Hourly/Annual Rate:	Start	Final	

Employment Agreements

Have you ever signed an employment agreement that would preclude or restrict your employment with Quality Printers in any way? YES NO

If yes, explain:

Employment agreement signed with _____ Date _____

Conditions of the agreement _____ Agreement period _____

Geographic territory covered _____ Products covered _____

Employment/Academic References

<i>Name/Title</i>	<i>Organization Where Person is Employed</i>	<i>Years Known</i>	<i>Address of Company or Person</i>	<i>Phone Number</i>

May we contact the above references? YES NO (mark these with an asterisk)

Applicant's Statement

- I understand that employment with Quality Printers may be conditional upon a laboratory test for the detection of controlled substances or other illegal drugs, the presence of which would be used as grounds to deny me employment or to terminate my employment.
- I hereby authorize Quality Printers to obtain information concerning me from former employers and others. I release Quality Printers from any liability in connection therewith.
- I certify that the information contained in this application, or any supplement thereto, is correct and complete to the best of my knowledge.
- I understand that any false statements or misrepresentations made by me on this application, or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.
- I understand that there is no employment contract, either explicit or implicit, and agree that employment with Quality Printers is on an "at will" basis and I can be terminated or my position can be terminated, with or without cause, and with or without prior notice, at any time at the option of either the company or myself.

Applicant signature _____ Date _____