# **APPLICATION** For Employment

171 Bay Avenue Highlands, NJ 07732 (732) 872-1224

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

	(PLEA	ASE PRINT)				
Position(s) Applied For			Date	of Application		
How Did You Learn About Us? <ul> <li>Advertisement</li> <li>Employment Agency</li> </ul>	<ul><li>Relative</li><li>Friend</li></ul>	<ul><li>Inquiry</li><li>Other</li></ul>				
Last Name	First Name		Middle N	lame		
Address Number St	reet	City	State	Zip	Code	
Telephone Number(s)			Social Security N	lumber (Volunta	ıry)	
Best time to contact you at hor	me is:			:	AM PM	
If you are under 18 years of ag proof of your eligibility to work		required		□ Yes	🗆 No	
Have you ever filed an applicat	tion with us before?			🗆 Yes	🗆 No	
		If Yes, give date		_		
Have you ever been employed	with us before?			🗆 Yes	🗆 No	
If Yes, give date						
Do any of your friends or relatives, other than spouse, work here?					🗆 No	
Are you currently employed?					🗆 No	
May we contact your present e	mployer?			🗆 Yes	🗆 No	
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						
Date available for work/	/ What is yo	our desired salary ra	nge?			
Are you available to work:	□ Full-Time	(please indicate 1	2 3 shift)			
	□ Part-Time	(please indicate Me	ornings Aftern	ioon Evenir	ıgs)	
and the second second		(please indicate da	tes available		_//)	
Are you currently on "lay-off" ;	status and subject to	o recall?		🗆 Yes	🗆 No	
Can you travel if a job requires	s it?			🗆 Yes	🗆 No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## **EDUCATION**

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

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

Describe any job-related training received in the United States military.

# **EMPLOYMENT 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.

1.	Employer		Dates E From	mployed To	Work Performed
	Address				a state of the second
	Telephone Number(s)	1000	Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor	Starting	Tillal	
	Reason for Leaving				
2.	Employer	and the second second	Dates E From	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates E From	mployed To	Work Performed
-	Address	and the second second			
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates E From	mployed To	Work Performed
	Address				
	Telephone Number(s)		Hourly R Starting	ate/Salary Final	
	Job Title	Supervisor			
	Reason for Leaving	· · · · · · · · · · · · · · · · · · ·			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

# **Additional Information**

## **Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

### SPECIALIZED SKILLS

#### (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM	•	

State any additional information you feel may be helpful to us in considering your application.


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? \_\_\_\_YES \_\_\_NO

## REFERENCES

1	(Name)	 _(	_)	Phone #
	(Address)			
2		_(	_)	
	(Name)			Phone #
	(Address)			
3		_(	_)	
	(Name)			Phone #
	(Address)			

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.

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 A	pplicant
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Date

Amsterdam

FOR PERSONNEL DEPARTMENT USE ONLY						
Arrange Interview 🗆 Yes 🗆 N	io		A second as a second as			
Remarks						
		INTERVIEWER	DATE			
Employed  Yes  No	Date of Employment					
Job Title Hourly Sala	Rate/ ary Department _	the state of	in a company franching			
By						
	NAME AND TITLE	DATE	Street, States of Band			

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