

Las Vegas' Premier Printer



Position(s) Applied for

1. _____
2. _____

Date _____

APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

PERSONAL INFORMATION

(PLEASE PRINT CLEARLY)

Name _____
Last Name First Name Middle Name

Phone _____ Social Security Number _____

Present Address _____ How Long? _____

Previous Address _____ How Long? _____

Previous Address _____ How Long? _____

What method of transportation will you use to get to work? _____

Would you work: Full-time Part-Time 1st Shift 2nd Shift 3rd Shift

Specify days and hours if part-time _____ Rate of Pay expected \$ _____ per hour

Were you or any friend or relative previously employed with us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available to start work? _____

List any friends or relatives working for Las Vegas Color Graphics _____

Do you have relatives employed in the printing industry? _____

If yes, please list name(s) _____

Company name(s) _____ Position(s)? _____

Are you over 18 years of age to conform with the laws for running equipment? Yes No

If hired, can you show proof of age? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

PHYSICAL CONDITION

Do you have any physical condition or handicap which may limit or restrict your ability to perform the job applied for?

If yes, what can be done to accommodate your limitation? _____

DRIVING EXPERIENCE

(Occasionally it is necessary for employees to drive company vehicles, therefore the following information must be completed.)

Driver's License # _____ State _____ Expires _____

How many years have you been driving? _____ Special Licenses Held (Specify) _____

DRIVING RECORD

(Last 3 Years)

Moving Violations:	Type	Location	Date

Accidents:	Nature	Location	Date

Ever had a license, permit, or privilege to operate a vehicle: Denied? _____ Suspended or Revoked? _____

PERSONAL STATEMENT

Career Goals _____

Other Information _____

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did you Graduate?	List Diploma or Degree
High School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Trade School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Schooling			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES
(NOT RELATIVES OR FORMER EMPLOYERS)

NAME		YEARS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
OCCUPATION	AREA CODE/PHONE NUMBER	

NAME		YEARS KNOWN
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NAME		YEARS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
OCCUPATION	AREA CODE/PHONE NUMBER	

EMPLOYMENT HISTORY

STARTING WITH PRESENT OR MOST RECENT EMPLOYER, LIST ALL WORK EXPERIENCE FOR PAST 10 YEARS.

EMPLOYER				TELEPHONE
ADDRESS				
START DATE MO./YR.	END DATE MO./YR.	START HR. SALARY	END HR. SALARY	IMMEDIATE SUPERVISOR
POSITION		DUTIES		
REASON FOR LEAVING				

EMPLOYER				TELEPHONE
ADDRESS				
START DATE MO./YR.	END DATE MO./YR.	START HR. SALARY	END HR. SALARY	IMMEDIATE SUPERVISOR
POSITION		DUTIES		
REASON FOR LEAVING				

EMPLOYER				TELEPHONE
ADDRESS				
START DATE MO./YR.	END DATE MO./YR.	START HR. SALARY	END HR. SALARY	IMMEDIATE SUPERVISOR
POSITION		DUTIES		
REASON FOR LEAVING				

May we contact the employers listed above? _____ If not, indicate which employer(s) you do not wish us to contact

TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that this application for employment in no way obligated the employer to employ the applicant. If employed, and in consideration for employment, I agree to conform to the rules and regulations of Las Vegas Color Graphics (Company). It is agreed and understood that if hired, I will be on a probationary period during which time I may be discharged without recourse. I further understand that, if hired, I may be required to sign a non-disclosure agreement.

I understand that any offer of employment may be contingent upon my testing negatively to a drug test/screen. I also understand that if the Company initiates a drug testing policy at a future date, I agree to cooperate with said policy. I further understand that employment may be contingent on my passing a job-related physical examination.

I certify that information on this application is true and complete to the best of my knowledge. I further understand that any false statements, misrepresentations, or material omissions made by me may be grounds for discharge.

I authorize the Company to make inquiries and investigations into my background and determine suitability for employment. This includes any inquiries about my character, honesty, habits, ability, record of conviction and non-conviction, and other personal and employment background questions. I release any persons giving such information from any damage or liability. I hereby release the Sheriff of Clark County, Las Vegas Metropolitan Police Department and its employees from any damage or liability in furnishing said Criminal History Records to the above listed prospective employer.

I understand that all information requested must be given and that incomplete information can render this application unacceptable.

Permission is granted to contact my present employer. Yes No

APPLICANT'S SIGNATURE

DATE

FOR INTERVIEWER'S USE ONLY

COMMENTS	

COMPANY	COMMENTS

DISPOSITION:
