

# DUPLI ENVELOPE & GRAPHICS

## APPLICATION FOR EMPLOYMENT



We appreciate your interest in our organization. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such. We are an **Equal Opportunity Employer**. We consider all applicants for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity or expression, transgender status, gender dysphoria, marital or family status, pregnancy, military/veteran status, genetic information including predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status, in accordance with applicable federal, state, and local regulations.

|   |  |                             |                              |                 |   |        |          |
|---|--|-----------------------------|------------------------------|-----------------|---|--------|----------|
| BIOGRAPHICAL DATA   | Print Name (First, Middle, Last)   |                             | Telephone Number<br>(     )  |                 |   |        |          |
|   | E-mail   |                             | Cell Phone Number<br>(     ) |                 |   |        |          |
|   | Street Address   |                             | City                         | State           | Zip Code  |        |          |
|   | Position Applied For   |                             | Date Available to Begin Work |                 |   |        |          |
|   | Please indicate the days you are available to work:  |                             |                              |                 |   |        |          |
|   | Sunday   | Monday                      | Tuesday                      | Wednesday       | Thursday  | Friday | Saturday |
|   | Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift Work<br>(check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights |                             |                              |                 |   |        |          |
|   | Are you 18 years of age or older? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |                             |                              |                 |   |        |          |
|   | Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, may we contact your employer to obtain employment information? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                     |                             |                              |                 |   |        |          |
|   | Have you ever submitted an application and/or interviewed for employment with our organization?<br>If yes, give dates and position: _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |                             |                              |                 |   |        |          |
| Have you ever been employed with our organization before?<br>If yes, give dates. From ____/____/____ to ____/____/____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |  |                             |                              |                 |   |        |          |
| Are you legally eligible for employment in the United States?<br><i>Employment eligibility will be verified upon employment.</i> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |  |                             |                              |                 |   |        |          |
| If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No<br/><input type="checkbox"/> N/A</span> |  |                             |                              |                 |   |        |          |
| EDUCATIONAL BACKGROUND  | Type of School Attended  | Name and Location of School | Course of Study/Major        | Years Completed | Diploma or Degree Earned  |        |          |
|   | High School  |                             |                              |                 | <input type="checkbox"/> Diploma<br><input type="checkbox"/> GED        |        |          |
|   | College/ University  |                             |                              |                 | <input type="checkbox"/> Associate<br><input type="checkbox"/> Bachelor |        |          |
|   | Graduate School  |                             |                              |                 | <input type="checkbox"/> Master<br><input type="checkbox"/> Doctoral    |        |          |
|   | Trade School   |                             |                              |                 | <input type="checkbox"/> Certificate                                    |        |          |
| SKILLS  | List any additional skills, training, and/or technical/professional knowledge and/or certificates, licenses or achievements that is relevant to the job for which you are applying:  |                             |                              |                 |   |        |          |
|   | Drivers' License Identification Number:  |                             | State of Issuance:           |                 |   |        |          |
| <b>(Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)</b>   |  |                             |                              |                 |   |        |          |

**EMPLOYMENT HISTORY** Provide employment information, including military service starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this Application Form.

|   |                             |   |
|---|-----------------------------|---|
| Name of Employer  | Supervisor                  | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address   |                             | Phone Number  |
| Job Title   | Dates Employed (Month/Year) |   |
|   | From                        | To  |
| Description of Duties, Responsibilities and Significant Accomplishments |                             |   |
| Reason for Leaving  |                             |   |

|   |                             |   |
|---|-----------------------------|---|
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| Job Title   | Dates Employed (Month/Year) |   |
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| Reason for Leaving  |                             |   |

|   |                             |   |
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| Address   |                             | Phone Number  |
| Job Title   | Dates Employed (Month/Year) |   |
|   | From                        | To  |
| Description of Duties, Responsibilities and Significant Accomplishments |                             |   |
| Reason for Leaving  |                             |   |

**REFERENCES (List three references other than relatives)**

| Name | Relationship | Phone Number or Email |
|------|--------------|-----------------------|
|      |              |                       |
|      |              |                       |
|      |              |                       |

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any falsification or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

The organization is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_