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APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____ Earnings Expected _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency
 Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Phone (_____) _____ Cell (_____) _____ Best Time to Call _____

Email _____ Social Security Number _____

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Temporary

Are you on a lay-off and subject to recall? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer _____ Dates Employed: From _____ To _____

Address _____

Telephone Number(s) _____

Starting/Present Job Title _____ Hourly Rate/Salary: From _____ To _____

Supervisor _____

What (do/did) you like most about your job? _____

What (do/did) you least enjoy? _____

Reason for Leaving _____ May We Contact? Yes No

WORK EXPERIENCE CONTINUED

Employer _____ Dates Employed: From _____ To _____
Address _____ Phone _____
Starting/Present Job Title _____ Hourly Rate/Salary: From _____ To _____
Supervisor _____
What did you like most about your job? _____
What did you least enjoy? _____
Reason for Leaving _____ May We Contact? Yes No

Employer _____ Dates Employed: From _____ To _____
Address _____ Phone _____
Starting/Present Job Title _____ Hourly Rate/Salary: From _____ To _____
Supervisor _____
What did you like most about your job? _____
What did you least enjoy? _____
Reason for Leaving _____ May We Contact? Yes No

Employer _____ Dates Employed: From _____ To _____
Address _____ Phone _____
Starting/Present Job Title _____ Hourly Rate/Salary: From _____ To _____
Supervisor _____
What did you like most about your job? _____
What did you least enjoy? _____
Reason for Leaving _____ May We Contact? Yes No

Employer _____ Dates Employed: From _____ To _____
Address _____ Phone _____
Starting/Present Job Title _____ Hourly Rate/Salary: From _____ To _____
Supervisor _____
What did you like most about your job? _____
What did you least enjoy? _____
Reason for Leaving _____ May We Contact? Yes No

EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma Degree	
High School					Class Rank
Undergraduate College					GPA
Graduate / Professional					GPA
Other (Specify)					

COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

ADDITIONAL INFORMATION

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

What qualifications, abilities, and strong points will help you succeed in this job?

What are your weak points and areas of improvement?

What are your career objectives?

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied, including lifting boxes? _____ YES _____ NO

PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Best Time to Call	Occupation
1. _____			
2. _____			
3. _____			

If employed and you are under 18? Yes No

Can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony within the last 7 years? No Yes

(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER