



APPLICATION FOR EMPLOYMENT

Please print all information requested except signature.
Applicants may be tested for illegal drugs.

APPLICANT INFORMATION

Name _____ Today's Date _____
First Middle Last Maiden

Address _____ Social Security Number _____

City, State, Zip _____

How long have you lived here? _____

Phone Number (____) _____

If under 18, please list age _____ Position Applied for _____

Desired Pay \$ _____

Which days/hours are you available to work?

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

No Pref

Employment Desired: Full-Time Only Part-Time Only Full or Part-Time

How many hours can you work weekly? _____

When are you available for work? _____ Can you work nights? Yes No

Have you ever been convicted of a crime? Yes No

If yes, explain number of convictions, nature of offenses leading to convictions, how recently such offenses were committed, sentences imposed and types of rehabilitation.

Do you have a Driver's License? Yes No

What is your means of transportation to work? _____

Driver's License Number _____ State of Issue _____ Expiration Date _____

Select those that apply: Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

MILITARY SERVICE

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

EDUCATION

HIGH SCHOOL

Name of School _____ Degree Received _____
Address _____ Major _____
City, State, Zip _____ Years Attended _____

COLLEGE

Name of School _____ Degree Received _____
Address _____ Major _____
City, State, Zip _____ Years Attended _____

BUSINESS OR TRADE SCHOOL

Name of School _____ Degree Received _____
Address _____ Major _____
City, State, Zip _____ Years Attended _____

PROFESSIONAL SCHOOL

Name of School _____ Degree Received _____
Address _____ Major _____
City, State, Zip _____ Years Attended _____

WORK EXPERIENCE

Please list your work experience for the past five years *beginning with your most recent job held*. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer _____ Supervisor _____
Address _____ Dates of Employment _____
City, State, Zip _____ From _____ To _____
Phone () _____ Starting Pay \$ _____ Ending Pay \$ _____
May We Contact Yes No Job Title _____

Reason for Leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

WORK EXPERIENCE

Employer _____

Address _____

City, State, Zip _____

Phone () _____

May We Contact Yes No

Reason for Leaving _____

Supervisor _____

Dates of Employment

From _____ To _____

Starting Pay \$ _____ Ending Pay \$ _____

Job Title _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

Employer _____

Address _____

City, State, Zip _____

Phone () _____

May We Contact Yes No

Reason for Leaving _____

Supervisor _____

Dates of Employment

From _____ To _____

Starting Pay \$ _____ Ending Pay \$ _____

Job Title _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

Employer _____

Address _____

City, State, Zip _____

Phone () _____

May We Contact Yes No

Reason for Leaving _____

Supervisor _____

Dates of Employment

From _____ To _____

Starting Pay \$ _____ Ending Pay \$ _____

Job Title _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

WORK EXPERIENCE

Employer _____ Supervisor _____
Address _____ Dates of Employment _____
City, State, Zip _____ From _____ To _____
Phone () _____ Starting Pay \$ _____ Ending Pay \$ _____
May We Contact Yes No Job Title _____
Reason for Leaving _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

REFERENCES

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone () _____	Telephone () _____

ADDITIONAL INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Spectra Print Corporation (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Spectra Print Corporation, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Spectra Print Corporation may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of jobrelated physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.