

This application will be given every consideration, but its receipt does not imply that the applicant will be interviewed or employed. Each question should be answered completely and accurately, as no action can be taken on this application until all questions have been answered. Thomas Printworks is an equal opportunity employer.

General Information

Last name:		First name:		M.I.
Address:			Apt/Suite:	
City:		State:	Zip:	
Home phone:	Cell phone:		Email:	
Position for which you are applying:			Date:	
Shift preference: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any		Duration: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary		
Date available to start:	Salary desired:	Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Are there any days or hours you would be unable or unwilling to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify those days and/or hours:				
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn of our company and/or this position?				

Education

	SCHOOL NAME AND LOCATION	DID YOU GRADUATE?	DIPLOMA/DEGREE/CERTIFICATION
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School or Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any scholastic honors, offices held, or activities involved in during high school and college:	List and describe any other school or special training:
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Military Service

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service branch:	
Date entered:	Date discharged:	Final rank:

Driving Record (For Driving Positions Only)

Driver's license #		State issued:
Class:	Exp. date:	Safe driving awards/defensive driving courses (from whom and date):

DRIVING EXPERIENCE

TYPE OF VEHICLE	DATES DRIVEN	APPROX. # OF MILES
Automobile (non-personal)		
Bus/Van		
Tractor/Trailer/Truck		
Other		

ACCIDENT RECORD (PREVIOUS 3 YEARS)

DATE	NATURE OF ACCIDENT	ANY INJURIES/FATALITIES?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS/FORFEITURES OF LICENSE (PREVIOUS 3 YEARS)

DATE	CHARGE	PENALTY	CITY AND STATE

Has a driver's license or permit been suspended, revoked or denied you within the past three years? Yes No

If yes, give dates and circumstances:

Special Skills / Other Experience

List any software applications you are familiar with, and your level of skill level with each (1 = Novice; 2 = Intermediate; 3 = Expert):

SOFTWARE APPLICATION	SKILL LEVEL
1.	(1) (2) (3)
2.	(1) (2) (3)
3.	(1) (2) (3)

SOFTWARE APPLICATION	SKILL LEVEL
4.	(1) (2) (3)
5.	(1) (2) (3)
6.	(1) (2) (3)

List any other skills, experiences or qualifications you have that are relevant to the position for which you are applying.

Employment History

List your past employment information in reverse chronological order, with present or most recent employer listed first. Account for all periods of time including military service and any other periods of unemployment. Please give month and year. If you have had more than three previous employers within the last five years, list them on another sheet, giving full details as below.

Employer:			Date of employment (month and year):	
Address:			From:	To:
City:	State:	Zip:	Hourly pay/salary:	
Phone:	Nature of business:		Starting:	Ending:
Your job title and description of duties:				
Name and title of last supervisor:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Other (explain)				

Employer:			Date of employment (month and year):	
Address:			From:	To:
City:	State:	Zip:	Hourly pay/salary:	
Phone:	Nature of business:		Starting:	Ending:
Your job title and description of duties:				
Name and title of last supervisor:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Other (explain)				

Employer:			Date of employment (month and year):	
Address:			From:	To:
City:	State:	Zip:	Hourly pay/salary:	
Phone:	Nature of business:		Starting:	Ending:
Your job title and description of duties:				
Name and title of last supervisor:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid off <input type="checkbox"/> Other (explain)				

Please explain any gaps in your employment history:

Miscellaneous

Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Do you know anyone who works for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and circumstances:
Can you perform the duties of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No

References

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

NAME	PHONE	ADDRESS	OCCUPATION

Certification

I certify that my answers to the foregoing questions are true and correct without any omissions of any kind whatsoever. I understand that any false, misleading or otherwise incorrect statements made on this application or during any interview may be grounds for my immediate discharge or may end my consideration for hire. I understand that this application must be completed fully, and that if returned incomplete, I may not be considered for hire. A photocopy or fax can be used in place of the original.

I hereby authorize Thomas Printworks to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Thomas Printworks. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that no one at Thomas Printworks is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of Thomas Printworks. I also understand that my employment is "at will" and may be terminated by myself or by Thomas Printworks at any time for any reason at all, with or without prior notice.

Thomas Printworks is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant signature:	Date:
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Electronic submission from a web browser requires Internet Explorer. Alternatively, you can save the completed form to your hard drive, open it in Adobe Reader, and then submit.