



	POSITION(S) APPLYING FOR:	
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# EMPLOYMENT APPLICATION

	HOW DID YOU HEAR ABOUT US?	
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PERSONAL INFORMATION	NAME			LAST	FIRST	MI	SCHEDULE AVAILABILITY	
	STREET ADDRESS							
	CITY			STATE	ZIP CODE			
	CONTACT INFO		HOME PHONE	CELL PHONE	EMAIL			
	ARE YOU 18 OR OVER?		HAVE YOU WORKED HERE BEFORE?		IF YES, WHEN?	DEPARTMENT		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NO <input type="checkbox"/> YES [ <input type="checkbox"/> DIRECTLY <input type="checkbox"/> AGENCY]			SUPERVISOR		
	<input type="checkbox"/> I AM AVAILABLE AND DESIRE TO WORK FULL-TIME (40 HOURS) AND DO NOT HAVE RESTRICTIONS ON MY HOURS AND DAYS.							
	HOURS AVAILABLE							
DAY		MON	TUES	WED				
FROM		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM				
TO		<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM				
THUR		FRI	SAT	SUN				
<input type="checkbox"/> AM		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM				
<input type="checkbox"/> PM		<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM				
<b>NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.</b>								
WAGE EXPECTED:				DATE AVAILABLE FOR WORK:				

EDUCATION	SCHOOL TYPE	NAME + ADDRESS OF SCHOOL	MAJOR	LAST YEAR COMPLETED	GRADUATED	DEGREE/CERT/LICENSE
	HIGH SCHOOL	NAME ADDRESS		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED
	COLLEGE	NAME ADDRESS		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	BUSINESS / TRADE SCHOOL	NAME ADDRESS		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	GRADUATE SCHOOL	NAME ADDRESS		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES	PLEASE PROVIDE REFERENCES OF INDIVIDUALS (NO RELATIVES) WHO CAN SPEAK TO YOUR SKILLS AND ABILITIES. AT LEAST TWO MUST BE PROFESSIONAL REFERENCES.				APPLICABLE SKILLS	PLEASE IDENTIFY ANY SKILLS OR ACTIVITIES THAT ARE APPLICABLE TO THE POSITION(S) FOR WHICH YOU ARE APPLYING	
	NAME	ADDRESS PHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
	1.	PHONE	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL				
	2.	PHONE	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL				
	3.	PHONE	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL				
4.	PHONE	<input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> PERSONAL					

STARTING WITH THE MOST RECENT EMPLOYER, LIST ALL PRIOR FULL AND PART-TIME JOBS IN THE LAST 10 YEARS. PLEASE INCLUDE ANY VOLUNTEER WORK, TEMPORARY EMPLOYMENT, SELF-EMPLOYMENT, AS WELL AS ANY PERIODS OF MILITARY SERVICE. PLEASE LEAVE NO UNEXPLAINED GAPS OF TIME.				
FORMER EMPLOYERS	NAME OF EMPLOYER ADDRESS	PERIOD OF EMPLOYMENT (MONTH / YEAR)	COMPLETE THE FOLLOWING	REASON FOR LEAVING
	NAME	TO	POSITION	
	ADDRESS	FROM		
	CITY/STATE	PHONE	SUPV'S NAME	SALARY
	NAME	TO	POSITION	
	ADDRESS	FROM		
	CITY/STATE	PHONE	SUPV'S NAME	SALARY
	NAME	TO	POSITION	
	ADDRESS	FROM		
	CITY/STATE	PHONE	SUPV'S NAME	SALARY
	NAME	TO	POSITION	
	ADDRESS	FROM		
CITY/STATE	PHONE	SUPV'S NAME	SALARY	

  

ADDITIONAL INFORMATION	WITHIN THE PAST FIVE YEARS, HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR PLED "NO CONTENTS" (NOLO CONTENDRE) TO A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION, WHICH HAS NOT BEEN FORMALLY PARDONED OR ANULLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____ _____ _____	
	HAVE YOU EVER BEEN TERMINATED FROM OR ASKED TO RESIGN FROM A POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF EMPLOYER, DATE + REASON _____ _____	ARE ANY OF YOUR RELATIVES OR FRIENDS PRESENTLY EMPLOYED WITH CONCORD LITHO? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, NAME OF PERSON _____ _____
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? PROOF OF EMPLOYEE ELIGIBILITY WILL BE REQUIRED OF ALL APPLICANTS HIRED. <input type="checkbox"/> YES <input type="checkbox"/> NO		

I CERTIFY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION AND ANY RESUME IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION MAY RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR MY TERMINATION FROM EMPLOYMENT.

If hired, I agree to abide by all Concord Litho rules and regulation, and understand that, if employed, my employment is at-will and may be terminated with or without cause, and with or without notice, at any time, at the option of either Concord Litho or me. I further understand that no representation, whether oral or written by any representative or agent of Concord Litho, at any time, can constitute a contract of employment.

Further, in order that Concord Litho may process my application for employment, I hereby authorize Concord Litho, its subsidiaries, officers, directors, employees, representations, and agents (herein referred to as "the Company") to conduct a complete investigation into my background including but not limited to, inquiring into my entire employment history, including my fitness for duty at all prior employment; education history; credit history; criminal record and military record, if any; to obtain opinions and references regarding my moral character and reputation; and to solicit and obtain any other information the Company, in its sole discretion, deems as necessary to determine my eligibility for employment or for the purpose of confirming the accuracy or completeness of any information I have provided to the Company. I agree to complete any necessary release forms authorizing the release of information by former employers, educational institutions, or other organizations or government entities contacted by the Company as part of the reference and background check process. I understand that if I refuse to sign an authorization or release, I will no longer be considered for employment. In consideration for the processing of my application for employment within the Company, I hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Company from any and all liability based on their authorized receipt, disclosure and use of the information gathered in processing my application for employment.

I UNDERSTAND THAT, IF HIRED, ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON MY SUCCESSFUL COMPLETION OF A DRUG TEST AND A FITNESS FOR DUTY PHYSICAL, AND I HEREBY CONSENT TO THESE TESTS. ADDITIONALLY, I UNDERSTAND THAT IF HIRED, ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON PRODUCTION OF PROOF OF EMPLOYMENT ELIGIBILITY AND THE COMPLETION OF A FORM I-9.

DATE	SIGNATURE
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