

Application for Employment

(Please print)

Position(s) Applied For:	Referred by:	Date of Application
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Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number	Email Address		

EDUCATION			
	Name of School (City and State)	Course of study	Number of completed years
High School			
College or Univ.			
Other (Trade, etc.)			

Summarize any skills or experiences that help qualify you for the position for which you are applying.

EMPLOYMENT (Start with most recent)

From	To	Employer	Phone Number
Job Title		Duties	
Supervisor:			
Starting Pay Rate:		Reason for Leaving	
Final Pay Rate:		May we contact employer?	
From	To	Employer	Phone
Job Title		Duties	
Supervisor:			
Starting Pay Rate:		Reason for Leaving	
Final Pay Rate:		May we contact employer?	
From	To	Employer	Phone
Job Title		Duties	
Supervisor:			
Starting Pay Rate:		Reason for Leaving	
Final Pay Rate:		May we contact employer?	

REFERENCES

Name	Phone or Email Address	Relationship & Years Acquainted

U.S. MILITARY RECORD

Branch of Service	From	To	Duties	Discharge Date

Were you previously employed by EP Graphics? If yes, dates: _____ Yes/No _____

Are you legally authorized to work in the United States? Yes/No _____
(You will be required upon employment to submit verification of your legal right to work)

Have you been convicted of a felony? Yes/No _____

Please explain any gaps in employment history: _____

If hired, would you have a reliable means of transportation to and from work? Yes/No _____

On what date are you available for work? _____

Availability: Full Time Part Time Temporary Shifts available to work: 1st 2nd 3rd

Days available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you currently on "lay off" status and subject to recall? Yes/No _____

APPLICANT'S STATEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand I may be required to pass a pre-employment drug screen, and, if hired, I will be subject to EP Graphics' drug and alcohol testing policy during my employment.

I understand and agree that all information furnished in this application may be verified by EP Graphics. I waive any right I may have to notice from any individuals and organizations named or referred to in this application prior to the release of any employment or education information to EP Graphics. I hereby authorize all individuals and organizations named or referred to in this application to give EP Graphics all information relative to such verification and hereby release such individuals, organizations and EP Graphics from any and all liability for any claim or damage resulting therefrom.

I understand that this application is not, and is not intended to be, a contract of employment. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with EP Graphics is an "At-Will" nature, which means that the employee or the employer may terminate the employment relationship at any time with or without cause or notice. The at-will status of my employment cannot be amended, modified or altered in any way by any oral modifications.

My signature below attests to the fact that I have read, understand, and agree to all the above terms.

Signature of application

Date