

# TECHNIGRAPHICS

P.O. Box 1846

Iowa City IA 52244

## APPLICATION FOR EMPLOYMENT

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

Last Name	First Name	Middle Name	Date of Application
Address	Number	Street	City State Zip Code
Telephone Number(s)	Social Security Number		

Position(s) Applied For	Salary Expectations \$ per hour
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

If you are under 18 years of age, can you provide required proof of your eligibility to work?       Not applicable, over 18       Yes       No

Have you ever filed an application with us before?       Yes       No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?       Yes       No  
If Yes, give date \_\_\_\_\_

Are you currently employed?       Yes       No

May we contact your present employer?       Yes       No

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.*

On what date would you be available for work? \_\_\_\_\_

How many hours? (check one)       Full-Time       Part-time \_\_\_\_\_

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

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

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Specialized Skills Check Skills/Equipment Operated

Office Equipment: ___ Fax ___ PC ___ Calculator ___ Typewriter ___ Other _____ _____	Software Programs (list): _____ _____ _____ _____ _____	Bindery, Blueprint, Photocopy, Offset, and Technical Photo Production Machinery (list): _____ _____ _____ _____ _____
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List professional, trade, business or civic activities and offices held  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

\_\_\_\_\_

\_\_\_\_\_

## References

List three business/professional references not related to you and not previous employers:

1. \_\_\_\_\_ ( )  
 \_\_\_\_\_ (Name) Phone#  
 \_\_\_\_\_ (Address)

2. \_\_\_\_\_ ( )  
 \_\_\_\_\_ (Name) Phone#  
 \_\_\_\_\_ (Address)

3. \_\_\_\_\_ ( )  
 \_\_\_\_\_ (Name) Phone#  
 \_\_\_\_\_ (Address)

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	(    )	From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
2. Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	(    )	From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
3. Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	(    )	From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
4. Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	(    )	From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

If you need additional space, please continue on a separate sheet of paper.

## Additional Information

### Other Qualifications

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

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# APPLICANT'S STATEMENT

State any additional information you feel may be helpful to us in considering your application.

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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.

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 officer 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

This application for employment shall be considered active for a period of time not to exceed 90 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.

## FOR PERSONNEL DEPARTMENT USE ONLY

NOTES \_\_\_\_\_

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\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE