

APPLICATION FOR EMPLOYMENT

Express Printing / Creative Awards & Nameplates, Inc. is an Equal Opportunity Employer

(Valid for only 180 days)

Position(s) Applied For _____ Salary Desired _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application.
Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

 Last Name (Please Print) First Middle Social Security Number Date

 Present Address: Street City/State Zip Code Telephone Number

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

Have you been convicted of any crime within the past 5 years? Yes No

If **yes**, give dates and explain. (Attach separate paper if necessary.)

A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? Yes No Driver's License # _____ State: _____

EDUCATIONAL DATA

School	Print Name, Number, Street Address, City, State, and Zip Code of each School	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night or Corres.				
Other				

Other skills: List any other job-related skills, qualifications, or licenses that support your application. _____

Honors Received: _____

In order to permit a check of your work and educational work records, should we be made aware of any changes of name or assumed name that you previously used? Yes No If **Yes**, Identity names and relevant dates.

NAME: _____
 LAST _____
 FIRST _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

1. Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor			
Reason For Leaving			

May we make inquiries of this employer? Yes No

2. Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor			
Reason For Leaving			

May we make inquiries of this employer? Yes No

3. Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor			
Reason For Leaving			

May we make inquiries of this employer? Yes No

4. Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor			
Reason For Leaving			

May we make inquiries of this employer? Yes No

Membership in Organizations/Professional groups which, in your opinion, have a direct bearing on the position you are seeking. _____

Are you a veteran of the U.S. Military Service? Yes No If **Yes**, what branch of Service? _____

If **Yes**, beginning date and ending date of active duty: From: _____ To: _____
Year/Month Year/Month

Date of Discharge from Military Service: _____

Have you ever been dismissed or forced to resign from any employment? Yes No If **Yes**, please explain.

Are you now employed? Yes No Are you on layoff and subject to recall? Yes No

May we contact your present Employer? Yes No Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

Can you travel if job requires it? Yes No

Will you work overtime if asked? Yes No

Are there any hours, shifts, or days you will not work? Yes No If **Yes**, explain:

What foreign languages do you speak, read, or write? _____

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known **at least one year**.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment.

How did you hear of Express Printing / Creative Awards & Nameplates, Inc.? _____

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give date: _____

NOTICE TO APPLICANTS

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute §443.131(3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of Express Printing / Creative Awards & Nameplates, Inc. with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the president. _____ (initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that Express Printing / Creative Awards & Nameplates, Inc. will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials)

Date: _____ Signature: _____



Creative Awards And Nameplates, Inc.

AGREEMENT

PRE-EMPLOYMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen may disqualify me from further consideration for employment.

I agree to voluntarily submit to a blood and/or urinalysis screening from drug or alcohol use as part of my application for employment, and I release my potential employer from any liability as a result of my participation in such a screening.

I further understand that upon commencement of employment with Creative Awards & Nameplates, Inc. / Express Printing may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver's License Information:

Driver's License Number

State