



# HIATT PRINTING

## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of non-job-related medical condition or any other legally protected status.*

(PLEASE PRINT)

Position Applied for	Date
Name	
Address	
Telephone Number	Social Security Number

*If employed you will be required to submit proof of your legal right to work in the United States.*

If under 18 years of age, can you, after employment, submit a work permit?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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

Are you available to work:  Full Time  Part Time  Overtime  Weekends

Are you available to travel?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

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

Have you ever had any job-related training in the United States Military?  Yes  No

If yes, please explain: \_\_\_\_\_

### References

Give name, address and telephone number of three references who are not related to you and are not previous employers that we can contact.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Education

	Name and Location	No. of Years	Course of Study/Degree
High School			
College/University			
Professional/Other			

## Technical Skills

<p><b>Printing Background</b></p> <p><input type="checkbox"/> Instant</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Other _____</p> <p>How long? _____</p> <p><b>Pre-Press</b></p> <p><input type="checkbox"/> Layout/Paste-Up</p> <p><input type="checkbox"/> Stripping</p> <p><input type="checkbox"/> Metal Plates</p> <p><input type="checkbox"/> CTP Devices</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p>How long? _____</p>	<p><b>Press</b></p> <p><input type="checkbox"/> A.B. Dick</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p> <p>How Long? _____</p> <p><b>Business</b></p> <p><input type="checkbox"/> Shorthand _____ wpm</p> <p><input type="checkbox"/> Typing _____ wpm</p> <p><input type="checkbox"/> 10 Key</p> <p><input type="checkbox"/> Transcription</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Computer OS</b></p> <p><input type="checkbox"/> Windows</p> <p><input type="checkbox"/> Macintosh</p> <p><input type="checkbox"/> Other _____</p> <p><b>Software</b></p> <p><input type="checkbox"/> Microsoft Office</p> <p><input type="checkbox"/> Word Perfect</p> <p><input type="checkbox"/> Lotus 1-2-3</p> <p><input type="checkbox"/> Adobe Creative Suite</p> <p><input type="checkbox"/> Freehand/Corel Draw</p> <p><input type="checkbox"/> dBase IV</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Other _____</p>
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## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. *You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, or any other protected status.*

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*\*If you are a student applying for a part-time position please provide your current or anticipated class schedule.*

## Employment Experience

**Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin or other protected status. If you need additional space, please continue on a separate sheet of paper.**

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Ending Salary/Hourly Rate \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Ending Salary/Hourly Rate \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Salary/Hourly Rate \_\_\_\_\_ Ending Salary/Hourly Rate \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employment Experience  
Continued ...

Dates Employed: From _____	To _____
Starting Salary/Hourly Rate _____	Ending Salary/Hourly Rate _____
Job Title _____	Supervisor _____
Employer _____	Address _____
City/State/Zip _____	Telephone Number _____
Work Performed _____	
_____	
Reason for Leaving _____	

Dates Employed: From _____	To _____
Starting Salary/Hourly Rate _____	Ending Salary/Hourly Rate _____
Job Title _____	Supervisor _____
Employer _____	Address _____
City/State/Zip _____	Telephone Number _____
Work Performed _____	
_____	
Reason for Leaving _____	

Dates Employed: From _____	To _____
Starting Salary/Hourly Rate _____	Ending Salary/Hourly Rate _____
Job Title _____	Supervisor _____
Employer _____	Address _____
City/State/Zip _____	Telephone Number _____
Work Performed _____	
_____	
Reason for Leaving _____	

# Applicant's Statement

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 the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any verbal exchange, written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

*In the event of employment*, I understand that false, misleading or incomplete information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY

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