

## APPLICATION FOR EMPLOYMENT at GAMSE LITHOGRAPHING

We are an Equal Opportunity Employer and do not discriminate on the basis of race, Color, religion, Sex, national Origin, age, marital status, veteran status, handicap, or disability, or any other prohibited basis. All applicants will be treated fairly in conformity with all existing federal and state laws. In answering the questions below, if you have any doubt as to the propriety or legality, ask the personnel office for an explanation of the questions, if you are still in doubt, do not answer.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip Code

Telephone Number(s) \_\_\_\_\_  
Cell Home Work

If you are under 18 years of age, do you have a work permit? Yes No (check one)

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

In Order to permit a check of your Work and education records, should we be made aware of any change of name or assumed name that you previously have used? Yes No (check one)

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

If you are not a U.S. Citizen, does your visa or immigration status permit lawful employment? Yes No (check one)

If employed, can proof of citizenship, visa or alien registration number be provided? Yes No (check one)

Have you ever been convicted of a criminal offense other than a minor traffic offense? Yes No (check one)

An affirmative response will not automatically disqualify you from being considered as a candidate for employment

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

### GENERAL INFORMATION

Position applying for \_\_\_\_\_

Salary desired \_\_\_\_\_ Date available for Work \_\_\_\_\_

Can you work 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Shift? Yes No (check one) Prioritize your shift preferences:

1<sup>st</sup> shift 2<sup>nd</sup> shift 3<sup>rd</sup> shift (put a 1, 2, and 3 in your first, second, and third choice of shifts).

Can you work a 24/7 12-hour rotating shift? Yes No (check one). If yes, ask interviewer for schedule details.

How were you referred to this Gamse Lithographing? \_\_\_\_\_

Have you ever worked for Gamse Lithographing before? Yes No (check one)

If yes \_\_\_\_\_  
Dates Position/Details

**Please complete this section if the job that you are applying for might require you to drive Company vehicles.**

Do you have a valid driver's license?      Yes      No      Number of years of driving experience \_\_\_\_\_

License number and State: \_\_\_\_\_

Class of licenses held \_\_\_\_\_      Number of year's experience \_\_\_\_\_

Have you had an accident in the last five years?      Yes      No (check one)

If yes, gives details: \_\_\_\_\_

Have you been cited for any moving violations in the last five years?      Yes      No (check one)

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

Has your driver's license ever been suspended, revoked, denied or cancelled?      Yes      No (check one)

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

### EMPLOYMENT INFORMATION

List all employers for last ten (10) years starting with your most recent or current position.  
Include in your record any period of unemployment, if any. If you need extra space, attach an additional page,

Are you presently employed?      Yes      No (check one)

Are you on layoff and subject to recall?      Yes      No (check one)

If yes, where: \_\_\_\_\_

Present or last employer \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Phone \_\_\_\_\_

Final position \_\_\_\_\_ Pay \$ \_\_\_\_\_

Starting position \_\_\_\_\_ Pay \$ \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of your work and responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Will you receive a satisfactory reference from this employer?      Yes      No (check one)

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

May we contact your present employer at this time?      Yes      No (check one)

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

Next previous employer \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Phone \_\_\_\_\_

Final position \_\_\_\_\_ Pay \$ \_\_\_\_\_

Starting position \_\_\_\_\_ Pay \$ \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of your work and responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Will you receive a satisfactory reference from this employer?    Yes    No (check one)

If yes, explain:

Next previous employer \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Phone \_\_\_\_\_

Final position \_\_\_\_\_ Pay \$ \_\_\_\_\_

Starting position \_\_\_\_\_ Pay \$ \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of your work and responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Will you receive a satisfactory reference from this employer?    Yes    No (check one)

If yes, explain:

\_\_\_\_\_

Except for Vacations and holidays, how many workdays were you absent during the last Calendar year?

0-5 days

6-10 days

11-15 days

16-20 days

21 days or more (check one)

## EDUCATION INFORMATION

Name & location

Course of study

Did you graduate?

Degree received

Y N

High School \_\_\_\_\_

College \_\_\_\_\_

Trade/Tech school \_\_\_\_\_

Other College \_\_\_\_\_

## MILITARY INFORMATION

Completing this section of the application is optional. Leave this area blank if you do not wish to answer. Have you ever been in the United States Armed Services?    Yes    No (check one)

If yes, which branch: \_\_\_\_\_

Describe any skills you acquired in the Service which would be useful to the job for which you are applying

\_\_\_\_\_

## IN CASE OF EMERGENCY

Contact:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false or misleading information or significant omissions may disqualify me from further consideration or employment and may be considered justification for any dismissal at a later date.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company, understand that if I am employed by the Company, I may be required, when job related and Consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that may be required to submit to a test for the use of illegal drugs at any time and that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge in consideration of my employment with the Company, I agree to abide by all the Company's rules, regulations and directions. I understand that the Company reserves the right to add, change, and/or delete its policies, procedures and benefits at any time without prior notice to me. Any time after a conditional offer of employment or during employment, if hired, authorize any physician or health Care provider to release information advising the Company: (1) whether I am Currently able to perform the specific job for which I am being Considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether can perform the job without posing a direct threat to the health or safety of myself or others. I understand that to the extent permitted by applicable law my employment is terminable-at-will, that am not being employed for any specified time, and that this application is not (and is not intended to be) a contract for continued employment, understand that have the right to terminate the employment relationship for any reason with or without cause at any time, with or without notice, and the Company reserves the right to do the same. I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company, give the Company my permission to Contact any former employer, School, College or University, Creditor finance bureau or office, any personal or professional reference, Or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such Sources may have about my character, general reputation, Credit, education, or employment record, give my Consent to any Such Source to release to the Company Whatever information they have about me. I also unconditionally release the Company and all named and unnamed Sources from any and at liability which might result from furnishing any information about me, in the event of my personal indebtedness to the Company, authorize the Company to withhold from my wages such amounts as permitted by law to Satisfy my obligation to the Company. This employment application will be considered active for thirty (30) days from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR MARYLAND APPLICANTS ONLY

"Under Maryland Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a Polygraph, Lie Detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." (Applicable to persons applying for a position in Maryland.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION TO BE FILLED OUT BY Gamse Lithographing Co.

Start Date \_\_\_\_\_ Employee Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Shift \_\_\_\_\_

Department \_\_\_\_\_ Salary Grade \_\_\_\_\_ Rate of Pay \_\_\_\_\_