

## Application for Employment

Please Print

Position(s) Applying For: \_\_\_\_\_

Working Schedule:

Person Accepting This Application:

Date Available To Begin Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Working Days: M T W Th F S Sun

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Mobile Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Salary or Wage Desired: \_\_\_\_\_

Are you under the age of 18 Years:  Yes  No

If YES, can you provide the company with a work permit:  Yes  No

Are you a citizen of the United States?  Yes  No

If no, are you eligible for employment in the U.S.  Yes  No

Type of employment desired:  Full Time  Part Time  Temporary  Night  Day

Will you work overtime if required?  Yes  No

Are you presently employed?  Yes  No If Yes, Where? \_\_\_\_\_

If yes, can we call you at work?  Yes  No If Yes, Phone Number \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No

Have you ever been convicted of a criminal act?  Yes  No

If yes, please give details: \_\_\_\_\_

Have you ever previously worked for this company  
or any other company owned by Consolidated Graphics, Inc.?  Yes  No

If yes, what was your reason for leaving the company: \_\_\_\_\_

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## Previous Employers (List current or most recent position first)

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**Name of Employer** \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe the responsibilities of your position. \_\_\_\_\_

\_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe the responsibilities of your position. \_\_\_\_\_

\_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Describe the responsibilities of your position. \_\_\_\_\_

\_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

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## Military Service

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**Are You a Veteran**  Yes  No \_\_\_\_\_

If YES, Please give dates of service Dates: From \_\_\_\_\_ To \_\_\_\_\_

Last Rank Held \_\_\_\_\_

Please list any special skills or training. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Other References (Personal, Professional, and/or Academic)

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Name	Organization where person is employed	Years known	Address of company of person
	Their occupation		City, State, Zip Code
			Telephone Number

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Name	Organization where person is employed	Years known	Address of company of person
	Their occupation		City, State, Zip Code
			Telephone Number

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Permission is granted to contact the above reference other than current employer  Yes  No  
Permission is granted to contact current employer  Yes  No

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## Educational Information

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School	Name & Location of Schools	Major	Years Completed	Degree
High School				
College				
College				
Business or Technical School				
Other				

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List any professional or technical societies with which you are certified.

List any professional/technical publications of which you are author (title, place of publication, and date) or patents that you hold.

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## Communications

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Please List Any Languages That You:	Read?	Speak?	Write?	Comments
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other? Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## Applicants Acknowledgment & Statement

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I give the Employer the right to investigate all references and to secure additional information about me. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons, from all liability for any damage related to issuing this information.

I understand that the Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I also understand that should I be employed by the Employer, I will be required, in accordance with the Immigration Reform Control Act of 1986 (IRCA), to provide on my first day of employment document providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that, in the absence of a specific contract or agreement signed by the President of the Company, employees are hired on an at will basis, and either the employee or the Company may terminate the employment at any time with or without cause and with or without notice. The Employer's only obligation upon termination for any reason or no reason will be to pay salary or wages due and owing at that time.

I understand that, should I be employed by the Employer, I may be required to sign an agreement which protects the Employer's confidential information; conflicts of patent disclosures, assignment, and copying; and, other job related acknowledgments. I understand that it is a condition of my employment that I sign such agreements. If I refuse to sign, I acknowledge that the offer of employment to me will be revoked.

I understand that the Employer's place of business is a drug free environment and that weapons of any kind are strictly prohibited.

I have read and understand the provisions outlined above and affirm that the information is complete and true. I understand that any misrepresentation or omission of fact contained in this application is cause for rejection or immediate termination if I should become employed.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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