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Date: _____

Name (Last, First, MI): _____ SSN: _____

Address: _____

_____ Tel. #: _____

Marital Stats: Single Divorced Widowed Married Children? No Yes, Ages: _____

Are you 18 years old or over? Yes No Do you have a valid driver's license? Yes No

Are you a US Citizen or legally allowed to work in this country? Yes No

Are there factors that cause you to have difficulty completing certian tasks or cause you to find certian tasks impossible to complete?

No Yes, please elaborate: _____

Have you had a serious illness in the last five years? No Yes, please elaborate: _____

Have you ever been convicted of a crime? No Yes, please elaborate: _____

Are you currently employed? Yes No If Yes, what is your job status? Full Time Part Time Seasonal/Temp

Why are you searching for a new job? _____

What position are you applying for? _____ When can you start? _____

What office machines can you operate? _____

What special qualifications do you have? _____

Do you have any salary or pay requirements? No Yes, please elaborate: _____

What type of benefits, perks or compensation have previous employers offered you above your regular salary or pay? _____

What type of employment interests you? Full Time Part Time Seasonal/Temp

What days and hours are you available? _____

Have you ever worked with us before? No Yes, when? _____

Have you worked at a printing or copy company before? No Yes, in this capacity: _____

If No, what do you have to offer our company? Why should you be considered? _____

Do you have a friend, family member, or acquaintance that currently holds a position with us?

No Yes, who? _____

Are you able to speak any foreign language(s) fluently? No Yes, which? _____

EDUCATION HISTORY

High School	Graduated	GPA

College/Trade School(s)	Highest Level	Graduated	Degree/Major

EMPLOYMENT HISTORY (Start with current or most recent)

Name	Position or Job Title
Address	Dates Employed (Month/Year)
Contact Name and Phone	Salary (Start-Ending)
Reason for leaving?	What other information should we know about this job?

Name	Position or Job Title
Address	Dates Employed (Month/Year)
Contact Name and Phone	Salary (Start-Ending)
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Address	Dates Employed (Month/Year)
Contact Name and Phone	Salary (Start-Ending)
Reason for leaving?	What other information should we know about this job?

BUSINESS REFERENCES (Three people not related to you)

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. By signing below, you agree to these terms and certify that all information you provided is true and accurate to the best of your knowledge.

Signature: _____

Date: _____