

Bridgetown Printing Co.

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: _____

Phone Number (____) _____ - _____ The best time to call you at home is: _____

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 Nights Days

Will you work overtime if required? Yes No

Are you presently employed? Yes No If Yes, where? _____

If Yes, can we call you at your 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: _____

Previous Employers (List current or most recent position first)

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 _____

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Address _____

Position Held _____ Salary: Start _____ End _____

Describe the responsibilities of your position. _____

Name of immediate supervisor _____ Telephone Number _____

Reason(s) for leaving _____

Military Service

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. _____

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

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 references other than current employer? Yes No

Permission is granted to contact current employer? Yes No

Educational Information

Schools	Name & Location of Schools	Major	Years Completed	Degree
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High School

College

College

Business or
Technical School

Other

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.

Communications

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"/>	

Applicants Acknowledgement & Statement

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 applicants' 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 documents 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, assignments, and copying; and, other job related acknowledgements. 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 misleading or incorrect statements may render this application void, and if employed would be reason for termination.

Signature of Applicant: _____

Date: _____
