



APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

The Offset House, Inc. does not discriminate on the basis of race, religion, color, national origin, sex, age, marital status, or disability (where disability is unrelated to job requirements).

PLEASE ANSWER EVERY QUESTION, USE INK AND PRINT.

Name _____ (FIRST) _____ (MIDDLE) _____ (LAST) _____ (DATE)

Address _____ (NUMBER) _____ (STREET) _____ (TELEPHONE NUMBER)

_____ (CITY) _____ (STATE) _____ (ZIP CODE) _____ (LENGTH OF TIME AT THIS ADDRESS)

List previous addresses within the United States, except Military, if address changed during the past 5 years.

NO. _____ STREET _____ CITY _____ STATE _____ FROM (DATE) TO _____

From here on, please WRITE in your NORMAL HANDWRITING.

EDUCATION

NAME	ADDRESS	CITY	STATE	Major Course or Subject	Circle Last Year Completed	If Graduated, Month & Year	Degree
HIGH SCHOOL OR PREPARATORY					1 2 3 4		
BUSINESS SCHOOL					1 2 3 4		
COLLEGE					1 2 3 4		
GRADUATE WORK					1 2 3 4		

List scholastic honors, offices held and activities in high school:

List scholastic honors, offices held and activities in college:

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes No Day School Night School

If so, when, where and what courses? _____

EMPLOYMENT

Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer and part-time jobs.

Name and Address of Former Employer	Dates Employed		Position & Duties	Salary		Reason for Leaving
	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
COMPANY NAME						
NUMBER & STREET						
CITY & STATE						
COMPANY NAME						
NUMBER & STREET						
CITY & STATE						
COMPANY NAME						
NUMBER & STREET						
CITY & STATE						
COMPANY NAME						
NUMBER & STREET						
CITY & STATE						

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

UNEMPLOYMENT

Account for all periods of unemployment of 2 weeks duration or more since you left school until the present time.

FROM		TO		STATE WHAT YOU WERE DOING
MO	YR	MO	YR	
MO	YR	MO	YR	
MO	YR	MO	YR	
MO	YR	MO	YR	
MO	YR	MO	YR	

HEALTH

Is there any type of work which your physical condition prohibits, or have you ever been advised by a physician not to perform certain types of work? If so, please explain: _____

GENERAL INFORMATION

Use the space below to describe your interest in printing and the skills and aptitudes that you feel qualify you for a position here. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.) If you need more space, please continue on a separate sheet.

Have you been employed here previously? Yes No

Have you ever applied here before? Yes No

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust? _____

Are you related to a current employee? Yes No

Name _____

Are you at present in any active or inactive reserve or the National Guard? Yes No

Shift willing to work:

- First
 Second
 Third
 weekend
 (3 day)

Type of work desired _____ Salary requirements _____

How were you referred to us? _____ Date available for work _____

PERSONAL REFERENCES

Give two personal references who are mature persons of good standing in their community, and who have known you for the past FIVE years or more. DO NOT give relatives, your doctor, school personnel, former employers or fellow employees. You may include the names of friends or acquaintances presently employed by this company.

NAME	ADDRESS	NO. OF YEARS ACQUAINTED	OCCUPATION	PHONE
	NO. & STREET CITY STATE			
	NO. & STREET CITY STATE			

PLEASE READ BEFORE SIGNING

If you do not understand any of the following statements, please review them with the interviewer **before** signing this application.

1. I understand that in processing my employment application, the company may request that an investigative consumer report be prepared, which may include information as to my character, general reputation, police record, personal characteristics and mode of living.
2. I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability for claims for damage whatsoever that may result therefrom.

I certify, under penalty of perjury, that all statements made on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I hereby acknowledge that I have read and understood the above statements.

Signature of Applicant _____

_____ Date

THIS PAGE FOR EMPLOYER'S USE ONLY

Date Employed _____ Date of Birth _____ Salaried Hourly

Department _____ Soc. Sec. No. _____

Job Title _____ Work Schedule (Hrs, days, etc.) _____

Employee No. _____

Maiden Name _____

In Case of accident notify:

Name _____ Relationship _____ Telephone _____
(Home) (Business)

Address _____
(Number) (Street) (City) (State) (Place of Work) (City) (State)