

PRE-EMPLOYMENT DRUG TEST REQUIRED



The Print Source, Inc. An Equal Opportunity Employer

PERSONAL INFORMATION:

DATE _____

NAME _____ SOCIAL SECURITY # _____
LAST FIRST MIDDLECURRENT ADDRESS _____
STREET CITY STATE ZIPPERMANENT ADDRESS _____
STREET CITY STATE ZIPHOME PHONE _____ CELL PHONE _____
AREA CODE NUMBER AREA CODE NUMBER

*DATE OF BIRTH: _____ E-MAIL _____

*Federal & Kansas law prohibit unlawful employment discrimination on the basis of age with respect to individuals who are at least 40 years of age.

HAVE YOU BEEN DISHONORABLY DISCHARGED FROM THE MILITARY SERVICE? _____ IF YES, EXPLAIN: _____

HAVE YOU BEEN CONVICTED , PLEAD GUILTY OR "NO CONTEST" TO, OR BEEN GRANTED DIVERSION
RELATING TO, ANY CRIME? _____ IF YES EXPLAIN: _____

A criminal record will not necessarily be a bar to employment, factors such as age at the time, seriousness and nature of the offense, and your rehabilitation will be considered in the hiring decision. You may exclude traffic offenses of a minor nature, but must include driving under the influence or while intoxicated (DUI/DWI) offenses.

IN CASE OF EMERGENCY PLEASE NOTIFY: _____

PHONE _____ RELATIONSHIP _____
AREA CODE NUMBER

EMPLOYMENT DATA:

POSITION(S) APPLIED FOR _____

DATE YOU CAN START _____ SALARY DESIRED _____ HOURS AVAILABLE _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

REFERRED TO US BY _____ DO YOU HAVE DEPENDABLE TRANSPORTATION? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ IF SO, WHEN _____

BRIEFLY STATE YOUR CAREER OBJECTIVES _____

EDUCATION:

NAME AND LOCATION OF SCHOOL	CIRCLE YEAR COMPLETED	MAJOR COURSES STUDIED
ELEMENTARY	1 2 3 4 5 6 7 8	
HIGH SCHOOL	9 10 11 12	
COLLEGE	1 2 3 4	

SPECIFY OTHER SKILLS AND ABILITIES _____

EMPLOYMENT RECORD:

Beginning with most recent, list all present and past employment. Include periods of unemployment.

COMPANY NAME	DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY
COMPANY ADDRESS	FROM		TO		SUPERVISOR'S NAME AND PHONE NO.	
	MO.	YR.	MO.	YR.		
CITY	STATE	ZIP			REASON(S) FOR LEAVING	
YOUR POSITION AND SPECIFIC DUTIES						

COMPANY NAME	DATES OF EMPLOYMENT				BEGINNING SALARY	ENDING SALARY
COMPANY ADDRESS	FROM		TO		SUPERVISOR'S NAME AND PHONE NO.	
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	MO.	YR.	MO.	YR.		
CITY	STATE	ZIP			REASON(S) FOR LEAVING	
YOUR POSITION AND SPECIFIC DUTIES						

REFERENCES:

List below persons not related to you, who you have known at least one year and who would be knowledgeable of your abilities.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

PLEASE READ:

I affirm that the information provided by me on the application is true and complete. I understand and agree that the provision of false information or the omission of significant information is sufficient reason for the rejection of my application or termination of my employment.

I further understand and agree that the Company may verify the information that I have given by contacting any of the references I have provided. I hereby agree to hold the Company harmless for any action it may take with respect to this application based upon the information provided to it by these references.

If employed, in consideration of said employment, I agree to conform to the rules and regulations of the Company and further agree that my employment may be terminated, with or without cause, at any time, either by me or the Company; and that I will be subject to a orientation period of 90 days upon the commencement of my employment.

I understand that no employee or representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

As an equal opportunity employer, this Company will not discriminate unlawfully against any employee or applicant for employment because of race, color, religion, sex national origin, ancestry, disability, veteran status, citizenship, genetic information, or any other legally protected characteristic.

SIGN HERE:

DATE

INTERVIEWED BY _____ DATE _____

COMMENTS _____

REFERENCES CHECKED BY _____ DATE _____

FINAL DISPOSITION _____