



Application for Employment

Falsification or material representation of any information supplied by the applicant on this employment application form will be grounds for rejecting the application for employment, and for dismissal if the falsification or misrepresentation is discovered after the individual is hired. Fill out the application in detail. Inclusion of any information that may reveal protected EEOC status is not required.

First	Middle	Last	Date of Application
Address			Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no
City & State		ZIP	If so, may we contact your current employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Daytime Phone	Evening Phone	Driver's License Number & State	

Position Desired Full-Time Part-Time # of hrs/week _____ Days you CANNOT work _____ Hours of day/night you CANNOT work _____

How were you referred to Ginny's Printing? _____ Have you ever been employed by Ginny's Printing before? yes no Do you have relatives working at Ginny's Printing? yes no If so, who? _____

Position: _____

Can you provide documentation, as required by law, to verify your right to legally work in the U.S.? yes no

While we try to accommodate our employees' needs, due to the nature of our business, employees may be required to work overtime, at night, and on weekends and holidays, sometimes on short notice. Can you meet this requirement? yes no
If not, please explain:

	Name of School	Location	Diploma/Degree? <input type="checkbox"/> yes <input type="checkbox"/> no	Type (Assoc., BA, etc.)	Area of Specialization, if any
High School	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
College or Technical School	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
Post-Graduate Study	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____

Other degrees, certifications, training, or emphasis of study that better qualifies you to work at Ginny's Printing:

If you were a member of the U.S. Armed Forces, please complete the following:

Service Branch	Service Dates	Initial Rank & Grade	Final Rank & Grade
_____	from _____ to _____	_____	_____

(You may be required to provide a copy of your DD-214 as verification of service.)

Describe your Military Specialty:

Have you been convicted of a felony or released from prison within the last 5 years? yes no

In the last 5 years, have you been fired from a job or resigned after being told you would be fired? yes no
If yes, please explain the circumstances:

List ALL positions, starting with your present or most recent job, and include all periods of unemployment and reasons for same. DO NOT LEAVE ANY SPACES BLANK. A resume is acceptable ONLY if ALL information requested is on the resume.
 (If you need additional space, please attach or see the receptionist for an additional page.)

Employer	Name & Title of Immediate Supervisor		Phone ()
Address	City & State	ZIP	Reason for leaving: (give details)
Date Hired	Date Separated	Starting Pay Ending Pay	
Position(s) held and description of duties:			

Employer	Name & Title of Immediate Supervisor		Phone ()
Address	City & State	ZIP	Reason for leaving: (give details)
Date Hired	Date Separated	Starting Pay Ending Pay	
Position(s) held and description of duties:			

Employer	Name & Title of Immediate Supervisor		Phone ()
Address	City & State	ZIP	Reason for leaving: (give details)
Date Hired	Date Separated	Starting Pay Ending Pay	
Position(s) held and description of duties:			

Employer	Name & Title of Immediate Supervisor		Phone ()
Address	City & State	ZIP	Reason for leaving: (give details)
Date Hired	Date Separated	Starting Pay Ending Pay	
Position(s) held and description of duties:			

READ CAREFULLY BEFORE SIGNING - Application MUST be signed to be considered for an interview.

It is the policy of Ginny's Printing to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State, or Local law.

I hereby certify that the facts set forth in this Application for Employment are true and correct to the best of my knowledge. I understand that falsification or misrepresentation of any information contained herein shall be cause for dismissal, should I be employed for this or any other position with Ginny's Printing.

I hereby authorize the company to make any inquiries regarding the information contained within this application regarding my qualifications and abilities, contacting my former employers and references listed on this application, and I authorize such individuals and organizations to release information required by Ginny's Printing. I understand and agree that in the course of making a hiring decision, a credit and background investigation may be conducted, and that the contents of this application will be verified.

Further, I agree to submit, if requested by the company, to any testing, insofar as it relates to skills or ability to perform the job being applied for, or to the accuracy of the information contained within this application, or upon request by the company at any time during my employment.

In consideration of my employment, I agree to conform to the rules and regulations of Ginny's Printing as set forth in its employee handbook, and understand that my employment and compensation may be terminated, with or without notice, at any time, at the option of either the Company or myself. I understand that no other company official has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except by a written document dated and signed by myself and an officer of the Company. I also understand the Company's policies contained in the employee handbook do not constitute a contract of employment, and may be modified by management at any time.

Applicant's Signature: _____ Date of Application: _____