



2416 Memorial Blvd.  
Springfield, TN 37172  
615-382-8255

# Application for Employment



**This is a Non-Smoking Facility**

We consider applicants for all positions without regard to race, color, religion, sexual orientation, gender identity, national origin, age, disability, status as a protected veteran or any other legally protected status.

### PLEASE PRINT

Position(s) Applied For:	Date of Application:
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How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

If you are under 18 years of age, can you provide required proof of your eligibility to work?.....  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
If "Yes," give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No  
If "Yes," give date \_\_\_\_\_

Are you currently employed?.....  Yes  No

May we contact your present employer?.....  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?.....  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Have you been convicted of a felony within the last 7 years? .....  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If "Yes," please explain: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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# Education

Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School			
Undergraduate Collegiate			
Graduate Professional			
Technical Training/Degree			
Other (please specify)			

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship or skills.

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Describe any job-related training received in the United States military.

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

Do you have basic functioning knowledge of the following?		Other Software or Equipment Experience:
___ Calculator	___ Windows OS	_____
___ Multi-Line Telephone	___ Microsoft Excel	_____
___ Fax/Copier	___ Microsoft Word	_____

State any additional information you feel may be helpful to us in considering your application excluding anything which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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## References

1.	_____ ( ) _____	Phone #
	(Name)	
	_____	
	(Address)	
2.	_____ ( ) _____	Phone #
	(Name)	
	_____	
	(Address)	
3.	_____ ( ) _____	Phone #
	(Name)	
	_____	
	(Address)	

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title \_\_\_\_\_ Date \_\_\_\_\_

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for is Open  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_