

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

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

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

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 _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

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.

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ___/___ - ___/___)

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK 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.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: ____/____/____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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

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:

ADDITIONAL INFORMATION

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

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

ADDITIONAL INFORMATION FOR APPLICATIONS

Date of Birth: _____

Social Security Number: _____

Driver's License State: _____ Number: _____

Prior Arrest Record: _____ Yes _____ No
(If yes list all prior arrests, including traffic tickets.)

Date	Charge	Disposition	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release of any and all information regarding my criminal history or any other information which may be requested by the City of Butler, Missouri, as part of a background investigation in relation to this application.

Applicant's Signature

Date

ALL DRIVERS WITH DOT REGULATED EMPLOYMENT DURING THE PAST 3 YEARS

Effective 10/29/04

Per DOT regulation 391.23 (i)(1). You have the following rights regarding the investigative information that will be provided to the prospective employer regarding employment and drug and alcohol testing background checks.

- 1) The right to review information provided by previous employers.
- 2) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer.
- 3) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request unless the previous employer has not responded. In that case, the prospective employer has five (5) business days to respond to the driver from the time they receive the information from the previous employer.

The driver must make arrangements to receive the information requested within 30 days of the prospective employer having made it available. If the driver does not pick up or make arrangements to receive the records within 30 days, the prospective employer may consider the driver to have waived his/her rights to the information.