

## APPLICANT INFORMATION

Last Name:  First Name:  M.I.  DOB:

Street Address:  Apartment/Unit #:

City:  State:  Zip:

Phone:  SSN:  Email:

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S?  Yes  No

How did you hear about us?

## PLACEMENT INFORMATION

Desired Position:  Shift(s) Available to Work:

Date Available:   First Shift (6:30am - 2:30pm)

Desired Salary:   Second Shift (2:30pm - 10:30pm)

Are you on layoff with another employer subject to recall?  Yes  No  Third Shift (10:30pm - 6:30am)

If so, when?   First 12-Hour Shift (6:30am - 6:30pm)

Second 12-Hour Shift (6:30pm - 6:30am)

## EDUCATION

High School:  Address:

From:  To:  Did you graduate?  Yes  No

College:  Address:

From:  To:  Did you graduate?  Yes  No Degree:

Other:  Address:

From:  To:  Did you graduate?  Yes  No Degree:

## REFERENCES

*Please list three professional references*

Full Name:  Relationship:

Company:  Phone:

Address:

## REFERENCES (continued)

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Address: <input type="text"/>			
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Address: <input type="text"/>			

## PREVIOUS EMPLOYMENT

Company #1:	<input type="text"/>	Phone:	<input type="text"/>		
Address:	<input type="text"/>	Supervisor:	<input type="text"/>		
Job Title:	<input type="text"/>	Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Responsibilities: <input type="text"/>					
<input type="text"/>					
From:	<input type="text"/>	To:	<input type="text"/>	Reason for Leaving: <input type="text"/>	

Company #2:	<input type="text"/>	Phone:	<input type="text"/>		
Address:	<input type="text"/>	Supervisor:	<input type="text"/>		
Job Title:	<input type="text"/>	Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>
Responsibilities: <input type="text"/>					
<input type="text"/>					
From:	<input type="text"/>	To:	<input type="text"/>	Reason for Leaving: <input type="text"/>	



# EMPLOYMENT APPLICATION

1966 Benson Ave, St. Paul, MN 55116  
Toll-free: (800)328-6502 | Local: (651)690-2401  
Fax: (651)690-4009 | E-mail: [info@amidongraphics.com](mailto:info@amidongraphics.com)  
Web: [amidongraphics.com](http://amidongraphics.com)

## PREVIOUS EMPLOYMENT (continued)

Company #3:  Phone:

Address:  Supervisor:

Job Title:  Starting Salary:  Ending Salary:

Responsibilities:

From:  To:  Reason for Leaving:

## MILITARY SERVICE

Branch:  From:  To:

Rank at Discharge:  Type of Discharge:

If other than honorable, please explain:

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant"  Date:

(Digital Signature: Please type your full name.) \*

*Amidon Graphics provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Amidon Graphics complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Amidon Graphics expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Amidon Graphics' employees to perform their job duties may result in discipline up to and including discharge.*