APPLICATION FOR EMPLOYMENT

Amidon Graphics is an Equal Employment Opportunity Employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, national origin, sex, marital status, status with regard to a public assistance, military status, the presence of any non-job-related disability or a job-related disability which can be reasonably accommodated, age, sexual orientation, or any other status protected by law.

REQUIREMENT OF ACCURACY AND COMPLETENESS

Accuracy and completeness are essential when filling out this application for employment. It is the policy of Amidon Graphics not to hire anyone who makes material misrepresentations or omissions on their application, and in the event you are hired, you will be discharged if such misrepresentations or omissions are subsequently discovered. If you believe that something might reflect poorly on your application, it is far better to explain why you are still qualified for the job rather than misrepresent or omit the matter.

I have carefully read the above and will truthfully and completely answer all questions on the application.

_____ _____

Signature Date

PERSONAL DATA

NAME LAST	FIRST	MIDDLE	DATE

PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NUMBER	ARE YOU 16 OR OVER
			YES _____ NO_____

EMAIL

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES_____ NO_____

PROOF OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT. IF YOU ARE UNSURE OF THE DOCUMENTS NEEDED, WE WILL BE HAPPY TO EXPLAIN THE LEGAL REQUIREMENTS.

PLACEMENT INFORMATION

POSITION OR TYPE OF WORK DESIRED	ARE YOU INTERESTED IN
_____	_____ FULL TIME _____ PART TIME _____REGLE. _____TEMP

8, 10 or 12 HOURS SHIFTS AVAILABLE DAY AND NIGHT

SALARY OR WAGE DESIRED	DATE AVAILABLE	WHO OR WHAT REFERRED YOU TO US

ARE YOU ON LAYOFF WITH ANOTHER EMPLOYER SUBJECT TO RECALL? YES _____ NO _____

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?

YES _____ NO _____ IF YES, WHEN _____

EDUCATION RECORD

LIST LAST HIGH SCHOOL AND ALL BUSINESS, TRADE SCHOOLS AND COLLEGES ATTENDED

NAME AND LOCATION OF SCHOOL	MAJOR/ MINOR	DEGREE

EXTRACURRICULAR ACTIVITIES (INCLUDE OFFICES HELD, SCHOLARSHIPS, AWARDS, HONORS, SPORTS, ETC.) YOU ARE NOT REQUIRED TO LIST ACTIVITIES WHICH MAY REVEAL YOUR RACE, RELIGION, SEX, OR NATIONAL ORIGIN. WE RECOGNIZE AND VALUE UNPAID AS WELL AS PAID EXPERIENCES, E.G., WORK DONE WITH THE PTA; SCOUTS; ETC. _____

_____

_____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN OR RESIGNED AS A CONDITION OF A SETTLEMENT, SEPARATION, OR OTHER AGREEMENT (WRITTEN OR ORAL) FROM ANY POSITION WITHIN THE LAST TEN YEARS? YES _____ _____

IF YES, PLEASE GIVE THE PARTICULARS. _____

_____

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. LEAVE NO TIME UNACCOUNTED FOR, INCLUDE MILITARY SERVICE. IF LIMITED PREVIOUS EMPLOYMENT, LIST THREE PERSONS, NOT RELATED, WHO HAVE KNOWN YOU FOR SOME TIME.

PRESENT/LAST EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO /
POSITION TITLE		MO. YR. MO. YR.
SUMMARY OF DUTIES		
REASONS FOR LEAVING OR SEEKING CHANGE OF POSITION		
FIRST PREVIOUS EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO /
POSITION TITLE		MO. YR. MO. YR.
SUMMARY OF DUTIES		
REASONS FOR LEAVING OR SEEKING CHANGE OF POSITION		
NEXT PREVIOUS EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO /
POSITION TITLE		MO. YR. MO. YR.
SUMMARY OF DUTIES		
REASONS FOR LEAVING OR SEEKING CHANGE OF POSITION		

MAY WE CONTACT YOUR CURRENT EMPLOYER YES _____ NO _____ PHONE ( )_____

OCCUPATIONAL REFERENCES

(LIST PERSONAL REFERENCES ONLY IF YOU HAVE NO OCCUPATIONAL REFERENCES)

CHECK ONE _____ OCCUPATIONAL REF. _____ PERSONAL REFERENCE	NAME	OCCUPATION	YEARS ACQUAINTED
ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE NUMBER ( )
CHECK ONE _____ OCCUPATIONAL REF. _____ PERSONAL REFERENCE	NAME	OCCUPATION	YEARS ACQUAINTED
ADDRESS (STREET, CITY, STATE, ZIP CODE)			TELEPHONE NUMBER ( )

IN ORDER FOR US TO CONDUCT REFERENCE CHECKS PLEASE, LIST HERE OTHER NAMES YOU HAVE WORKED UNDER _____

_____

_____

APPLICANT'S STATEMENT: IMPORTANT, READ BEFORE SIGNING

The facts set forth in my application are true and complete. I understand that if employed, false or misleading statements or important omissions may result in the termination of my employment. Important omissions are those which reflect on honesty, integrity, personal character, experience, education or other job qualifications. I authorize all my previous employers or other persons having information concerning me or my record(s) to report such information to Amidon Graphics. I release such employers and persons from all claims or liabilities whatsoever on account of their responding to such inquiries or making such disclosures. I authorize all educational institutions to release transcripts to Amidon Graphics.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Amidon Graphics and myself.

No promises regarding employment have been made to me. I understand that no such promise or guarantee will be binding on Amidon Graphics unless made in writing and signed by the President of Amidon Graphics.

I understand and agree that if I am employed by Amidon Graphics I will provide proof of my ability to work in the United States within three days of the date of my employment.

I understand that if I am employed by Amidon Graphics, such employment relationship is of an "at will" nature. This means that I will have the right to terminate my employment at any time, for any reason or no reason, and that Amidon Graphics will have the same rights in the event that they choose to terminate my employment. I understand that, if hired, no contract of employment, express or implied, will be created.

I acknowledge that if I am employed, that any policies, procedures, or handbooks that I might receive are also not intended to create a contract of employment or promise of any benefit. I understand that no policies or procedures including, but not limited to, Amidon Graphics' policy with respect to employment at-will, shall be modified in any way to create an employment contract or promise of any benefit, without the express written consent to do so by the President of Amidon Graphics, who has the sole authority to make such modifications and amendments.

I agree that if employed, I will submit to medical examinations at Amidon Graphics expense if necessary to determine continued fitness for duty.

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_____ _____

Signature Date

Thank you for completing this application form and for your interest in employment with Amidon Graphics, if you are not contacted within thirty days, this application will be placed in an inactive file unless you request it be kept active.