



APPLICATION FOR EMPLOYMENT

2007 N. HAMILTON ST. RICHMOND, VA 23230 (804) 359-9206/(804) 359-4907 FAX

Please Note: Fill in all information asked for, otherwise this application will be incomplete and void!

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source: [ ] Advertisement [ ] Friend [ ] Relative [ ] Walk-In [ ] Internet [ ] Employment Agency [ ] Other

(PLEASE PRINT)

Name \_\_\_\_\_ (Last) (First) (Middle)

Address \_\_\_\_\_ (Number) Street (City) (State) (Zip Code)

Telephone ( ) Social Security Number \_\_\_\_\_ (Area Code)

Are you between 18 and 65 years of age? \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Residence: [ ] Own [ ] Rent [ ] Board

Table with 2 columns: Your Permanent Residential Address Over the Past 10 Years, From/To

Name of relative(s), other than spouse, already employed by this Company: \_\_\_\_\_

Have you ever been employed here before? [ ] Yes [ ] No If yes, gives dates: From \_\_\_\_\_ To \_\_\_\_\_

Are you employed now? [ ] 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 for work? \_\_\_\_\_

Are you available to work? [ ] Full-Time [ ] Part-Time [ ] Shift Work [ ] Temporary

Are you on a lay-off and subject to recall? [ ] Yes [ ] No

Salary required \_\_\_\_\_

Have you been convicted of a Felony within the last 7 years? [ ] Yes [ ] No

(Conviction will not necessarily disqualify applicant from employment)

If yes, please give extended explanation \_\_\_\_\_

Veteran of U.S. Military Service? [ ] Yes [ ] No If yes, Branch/Rank \_\_\_\_\_

Present Membership in National Guard or Reserves? [ ] Yes [ ] No

Activities outside of career (Music, Darts, Sports, Reading and so forth) \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

**Start with your present or last job.** Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

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

If you need additional space, please continue on page 6.

Will you be working another full/part-time job while being employed here?  Yes  No

(If you are applying here for full time employment, Carter Printing Company considers this opening and position as priority to other employment.)

Are you able and willing to work overtime?  Yes  No

Are you willing to undertake a drug test to qualify for employment?  Yes  No

We reserve the right to screen all applicants for a Criminal History Check.

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize your special skills and qualifications acquired from employment or other experience; what is your strongest asset, what is your weakness, if any?

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We may ask applicant to participate in a demonstration of his/her skills in order to best assess applicant's level of expertise.

Do you have any impairments, physical, mental or medical, which would interfere with your ability to properly perform the job for which you have applied?  Yes  No If yes, please describe.

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If there are any positions or types of positions for which you should not be considered, or job duties you can not perform because of physical, mental or medical disability, please describe?

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## EDUCATION

Education	Name and Location of School	Date Graduated	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

## REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

(All Non-Driver Applicants go to Page 5)

**DRIVER APPLICANTS ONLY**

Must have current DMV Driving Record and proof of drivers license before consideration of employment.

DRIVER LICENSES	State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations?  Yes  No

If the answer to either A, B or C is Yes, attach statement giving details.

Type of Equipment Driven	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles Driven (Total)
		From	To	
Straight Truck				
Tractor and Semi-trailer				
Tractor — Two Trailers				
Other				

List states operated in over last five years \_\_\_\_\_

Date of last D.O.T. physical examination \_\_\_\_\_

List any special courses or training that will help you as a driver \_\_\_\_\_

List safe driving awards received and source \_\_\_\_\_

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Number of Fatalities	Number of Injuries
Last Accident				
Next Previous				
Next Previous				

**TRAFFIC CONVICTIONS**

(. . . and Forfeitures for the past 3 years (other than parking violations))

Location	Date	Charge	Penalty

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**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. It is agreed and understood that the employer or their agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is on record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is agreed and understood that this application for employment in no way obligates the employer to employ me; and it is understood that if hired, I will be on a probationary period during which I may be discharged without recourse. 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.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

**OFFICE USE ONLY**

Applicant — Do Not Write Below This Line

Initially

Interviewed by:

Date

Remarks:

Neatness		Character	
Personality		Ability	

Secondary

Interview:

Date

Remarks:

Neatness		Character	
Personality		Ability	

Hired	For Dept.	Position	Will Report	Salary Wages
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Approved:

1.	2.
Dept. Head	General Manager

