



## EMPLOYMENT APPLICATION

We value diversity in our organization, and we are an equal opportunity employer. We do not discriminate against any applicant because of race, color, religion, sex, age, national origin, disability, or sexual orientation. E/O/E

PERSONAL	Today's Date				
	Last Name	First	MI	Personal E-Mail	
	Street Address				
	City		State	Zip	Mobile Telephone (    )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, month and year		Home Telephone (    )
	Position Desired			Salary Range Desired	
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, what hours are you available?		Date Available for Work
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, you will need to provide authorization to work.				
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<i>Proof of identity and employment eligibility will be required upon employment.</i>				
	Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	How did you learn of this position? Walk-In? Referral?				
	Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION	Name and Location of School	Course of Study	No. Years Completed	Did You Graduate?	Degree or Diploma
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Technical /Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT (Most Recent Employment First)

<b>1</b>	Company Name	Telephone (     )
	Address	Employed (mm/yy) From: To:
	Name of Supervisor	Annual Pay Start: Last:
	Your Last Title	Reason for Leaving
	Description of Position	
<b>2</b>	Company Name	Telephone (     )
	Address	Employed (mm/yy) From: To:
	Name of Supervisor	Annual Pay Start: Last:
	Your Last Title	Reason for Leaving
	Description of Position	
Do you authorize us to secure confidential information on your performance and ability from:		Former Employers <input type="checkbox"/> Yes <input type="checkbox"/> No Your Present Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

On entering Alcom Printing Group Inc.'s employ, I agree to conform to the rules and regulations of the Company and acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I further understand that I may be required to sign a Non compete/Non solicitation Agreement and a Confidentiality Agreement, which will be kept in my personnel file. I also understand that no policy, benefit, or procedure contained in any handbook creates an employment contract for any period of time, and no terms or conditions of employment contrary to the foregoing should be relied upon except for those made in writing by a designated officer of the Company. Regardless of whether or not I become selected/hired by this company, I recognize that this application is not and should not be considered a contract of employment for any definite period of time. If employed, I understand that I have been hired "at-will" of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

All of the information on this application is truthful and factual and it is my understanding that should any falsification or material omission be discovered, it will constitute grounds for non-acceptance or dismissal.

I understand that, if hired, there may be times when it may be mandatory that I work overtime shift work, rotating shift work, or a schedule other than Monday through Friday as a condition of continued employment. I agree that, if hired, I will work the hours and scheduled assigned to me.

I agree that this application will remain effective for thirty days from the date signed below and, thereafter, I must re-apply if I want to be considered for employment at Alcom Printing Group.

I agree and hereby authorize the Company to conduct a background inquiry to verify the information on this application, and any company form completed by me. I authorize all schools, previous employers, police departments, mutual associations or other persons having knowledge of me, or my records, to release such information to Alcom Printing Group, Inc. or its agents. I also authorize the Company to check my background through criminal/employment background checks or other consumer reporting agencies. I hereby release those schools, employers, police departments, associations, agencies, and persons and the Company from all claims or liabilities whatsoever that may arise out of such disclosure or such investigations.

Alcom Printing Group is an Equal Opportunity employer. Alcom does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_