



FREEDOM
GRAPHIC SYSTEMS

SOLE-SOURCE DIRECT MAIL. SMARTER. FASTER.™

APPLICATION FOR EMPLOYMENT

If you need a reasonable accommodation in order to complete this application form, please notify Human Resources. All questions must be answered completely. A resume may be attached to the application form, but does not take the place of the information requested in the application form.

PERSONAL INFORMATION

Name (last, first and middle):			E-mail Address:	
Present Address Street/ Apt. No:	City:	State:	Zip Code:	Phone Number:
Permanent Address (if different) Street/Apt. No:	City:	State:	Zip Code:	Cell Phone Number:

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	After employment, can you provide proof that you are legally permitted to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT DESIRED

Position:	Date you can start:	Salary desired:	Available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Shift _____ <input type="checkbox"/> Weekends/OT
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____ When: _____	Name of last supervisor at our Company _____ Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we inquire with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Who/How where you referred to our Company? _____		
Exact reason (s) for leaving:	Do you have any relatives working at Freedom Graphic Systems, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____		

We appreciate your interest in Freedom Graphic Systems, Inc. and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us with future recruitment or hiring needs. Freedom Graphic Systems, Inc. prohibits discrimination against or harassment of any person employed by or seeking employment with the Company on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran (special disabled veteran, Vietnam era veteran, or any other veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized). Freedom Graphic Systems, Inc. is an EQUAL OPPORTUNITY EMPLOYER. Under Federal law, the Company may employ only individuals who are legally able to work in the United States as established by providing documents specified in the Immigration Reform and Control Act of 1986.

EMPLOYMENT EXPERIENCE (Attach additional sheets if necessary)

Start with your most recent position. If information is already on your resume, fill in only those items not listed on your resume (i.e. reason for leaving, salary, etc.)

Employer (Present or Most Recent):		Work Performed:	
Address:	Dates Employed		
	Start Date:	End Date:	
Telephone(s): () -			
May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary		
Job Title:	Start:	End:	
Supervisor:			
Reason For Leaving:			

Employer:		Work Performed:	
Address:	Dates Employed		
	Start Date:	End Date:	
Telephone(s): () -			
May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary		
Job Title:	Start:	End:	
Supervisor:			
Reason For Leaving:			

Employer:		Work Performed:	
Address:	Dates Employed		
	Start Date:	End Date:	
Telephone(s): () -			
May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary		
Job Title:	Start:	End:	
Supervisor:			
Reason For Leaving:			

EDUCATION

High School:	Location:	No. of years attended:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Studied:
College(s):	Location:	No. of years attended:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Studied:
Graduate School:	Location:	No. of years attended:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Studied:
Trade, Business or Correspondence School(s):	Location:	No. of years attended:	Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor Studied:

MILITARY SERVICE

Veteran of the U.S. Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Describe any military service that may be relevant to the job you are applying for:
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PERFORMANCE OF JOB-RELATED FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?* <input type="checkbox"/> Yes <input type="checkbox"/> No How Many Times?	Explain fully each conviction (and guilty or no contest plea):
* Do not identify marijuana-related misdemeanor convictions occurring more than two years ago or convictions for which the criminal record has been expunged sealed or eradicated by the court or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.		

REFERENCES - Please give names of three person not related to you whom you have known at least one year, and include at least two past or present supervisors.

Name	Address	Telephone	Years Acquainted

AUTHORIZATION - Important: please read carefully and initial each paragraph before signing.

_____ "I declare under penalty of perjury that the information contained in this application and any resume or other documentation submitted is true and complete to the best of my knowledge."

_____ "I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for any dismissal from employment, if discovered later."

_____ "I give permission for a pre-employment drug screen exam."

_____ "I give permission for a complete employment background check."

_____ "I understand that after being offered employment, I (may/will) be required to take a physical examination. I consent to the release of any and all medical information and records that the examining physician requests."

Release

"I authorize the investigation of all statements in the Employment Application Form (and accompanying resume if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in the Employment Application Form (and accompanying resume, if any) to provide the Company with records, information, and opinion that may be useful in making a hiring decision. I release all informants from all liability for any damage that may result from furnishing information an opinion (which is truthful or made in good faith) to the Company."

Agreement For At-Will Employment

_____ "I understand and acknowledge that my employment will be at will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the Company. Only the President of the Company has the authority to enter into an employment agreement for a specified period of time or for the termination only for cause, and any such agreement must be writing. Except to the extent I am covered by such a written agreement, I understand and acknowledge that this constitutes the entire agreement between me and the Company regarding the term of my employment and supercedes any other oral or written agreement."

Compliance With Rules

_____ "If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the Company."

Signature of Applicant

Date