

DUAL PRINT AND MAIL

Dual Print and Mail | 340 Nagel Drive | Cheektowaga, NY 14225

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

GENERAL INFORMATION (PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Other (Describe)	

Last Name	First Name	Middle Name
Address	City	State
Telephone Number(s)		Zip Code

Best time to contact you at home is		AM
		PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever filed an application with us before? If YES, give a date: / /	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been employed with us before? If YES, give a date: / /	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May we contact your present employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date available for work	What is your desired salary range?	
Are you available to work	<input type="checkbox"/> Full Time (Please indicate <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd shift) <input type="checkbox"/> Part Time (Please indicate <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings) <input type="checkbox"/> Temporary (Please indicate dates available / / to / /)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you travel if a job requires it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DUAL PRINT AND MAIL IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION (PLEASE PRINT)

	Name/Address of School	Course of Study	Yrs Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE (PLEASE PRINT)

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.
You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

List professional, trade, business or civic activities and offices held.
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.
 If you need additional space, please continue on a separate sheet of paper.*

ADDITIONAL INFORMATION (PLEASE PRINT)

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

		Production/Mobile Machinery (please list)	Other (please list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

Additional Information

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants:

DO NOT answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? YES
 A review of the activities involved in such a job or occupation has been given. NO

REFERENCES

Name	Phone ()
Address	
Name	Phone ()
Address	

APPLICANT'S STATEMENT

Name _____
 Position _____
 Date _____ / _____ / _____

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization

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.

 Signature of Applicant

 Date

For Personnel Department Use Only

Arrange Interview YES NO

Remarks

	Interviewer	Date
Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Employment	
Job Title	Hourly Rate/Salary	Department
By (Name and Title)	Date	

For Personnel Department Use Only

Position(s) Applied For Is Open YES NO

Position(s) Considered For

	Date
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