

EMPLOYMENT APPLICATION

POSITION:

DATE OF APPLICATION:

SALARY REQUIREMENTS:

DATE AVAILABLE:

The information requested in this application is intended to obtain the information Ordway Corporation dba Print Finishing Solutions (the "Company") needs to determine whether you meet the requirements for the position for which you are applying. The Company is an equal opportunity employer that recruits, hires, trains, and promotes in all job titles without regard to race, color, creed, national origin, gender, pregnancy, sexual orientation or preference, marital status, sex, religion, age, military service, or disability or handicap.

Have you ever applied for a position with the Company?

Have you ever worked for the Company before?

Yes No If yes, please answer the following:

Yes No If yes, please answer the following:

Position: _____

Position: _____

Date of Application: ___/___/___

Dates of Employment: ___/___/___ to ___/___/___

PERSONAL INFORMATION

Name: _____ Date of birth: _____

ADDRESS:

Street _____

City _____

State _____

Zip _____

Telephone Number _____

Social Security Number _____

E-Mail Address _____

If you are hired, can you provide proof that you are legally entitled to work in the United States?

Yes

No

EDUCATION

Dates Attended		Name of School (High School, College, Other)	Course of Study (Majors and Degrees)
From	To		
___/___/___	___/___/___	_____	_____
___/___/___	___/___/___	_____	_____
___/___/___	___/___/___	_____	_____
___/___/___	___/___/___	_____	_____

List special skills / abilities acquired:

MILITARY SERVICE DATA

Have you ever served in the U.S. Armed Forces:?

Yes No

If yes, please give dates of services:

From: ___/___/___ To: ___/___/___

List special skills/abilities acquired:

EMPLOYMENT HISTORY

Please list all previous employers (most recent first)

1. Employer's Name Type of Firm

Employer's Address

Title Supervisor Date Started Date Left

Reason for Leaving Salary

2. Employer's Name Type of Firm

Employer's Address

Title Supervisor Date Started Date Left

Reason for Leaving Salary

3. Employer's Name Type of Firm

Employer's Address

Title Supervisor Date Started Date Left

Reason for Leaving Salary

4. Employer's Name Type of Firm

Employer's Address

Title Supervisor Date Started Date Left

Reason for Leaving Salary

REFERENCES

List (with address & phone number) the names of three persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives.

1. Name

Phone#

Address

2. Name

Phone#

Address

3. Name

Phone#

Address

THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT-WILL RELATIONSHIP AND THAT THE 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 THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND ANY AGENTS OR OTHER PERSONS ACTING ON BEHALF OF THE COMPANY FROM ANY AND ALL LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Signature of Applicant

Date