

"The Finest In Printing"

APPLICATION FOR EMPLOYMENT

1228 BALLENTINE BOULEVARD ♦

NORFOLK, VIRGINIA 23504 ♦ (757) 627-8712

(Please Print)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

| Position(s) Applied For | | | | | | | Date of Ap | oplication | on |
|--|--------------------|------------|-----------------|-------|-------|------------|-----------------------|------------|----------|
| How Did You Learn About Us? Advertisement Employment Agency | ☐ Friend☐ Relative | ☐ Walk-I | n | | | - | Desired \$ r hour) | | |
| Last Name | F | irst Name | | | | Mic | ddle Name | | |
| Address Number S | Street | | City | | | State | | 2 | Zip Code |
| Telephone Number(s) Home: | Cell: | | | | 5 | Social Sec | curity Numb | er | |
| If you are under 18 years proof of your eligibility to v | | u provide | required | | | Yes | | No | |
| Have you ever filed an ap | plication with ι | us before? |) | | | Yes | | No | |
| | | | If Yes, give da | ite | | | | | _ |
| Have you ever been empl | oyed with us b | efore? | | | | Yes | | No | |
| | | | If Yes, give da | ite | | | | | |
| Are you currently employe | ed? | | | | | Yes | | No | |
| May we contact your pres | ent employer? | | | | | Yes | | No | |
| Are you prevented from la country because of Visa of Proof of citizenship or immigration state | | | | | | Yes | | No | |
| On what date would you b | oe available for | work? | | | | | | | |
| Are you available to work | ? 🗖 Full Tim | ne 🗆 | Part Time | | Shift | Work | | Tem | porary |
| Are you currently on "lay- | off" status and | subject to | recall? | | | Yes | | No | |
| Can you travel if a job req | uires it? | | | | | Yes | | No | |
| Have you been convicted Conviction will not necess | • | | • | loyme | | Yes | | No | |
| If Yes, please explain | | | | | | | | | |

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree | | |
|--|--|-----------------|--------------------|---------------------------------|--|--|
| High School | | | | | | |
| Undergraduate College | | | | | | |
| Graduate Professional | | | | | | |
| Other (Specify) | | | | | | |
| Describe any specialized training, apprenticeship, or skills related to the position desired. | | | | | | |
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| | | | | | | |
| Complete this section if you served in the U.S. Armed Forces. | | | | | | |
| Describe your duties and | Describe your duties and any special training, especially if it is job-related. Branch of Service | | | | | |
| | | | Period From | d of Active Duty (month & year) | | |
| | | | | at Discharge | | |
| | | | Date | of Final Discharge | | |
| ' | | | | | | |
| List special job-related skills and qualifications acquired from employment or other experience. | | | | | | |
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| En | nployment History | Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. |
|----|--|---|
| | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| 1 | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| 2 | Name of Supervisor Branch of Service | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| 3 | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) |
| 4 | Name of Supervisor | From To Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) |
| 5 | Name of Supervisor | From To Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
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| | DO NOT CONTACT |
|--|------------------------|
| We may contact the employers listed above unless you indicate those you do not want us to contact. | Empl. Number(s) Reason |
| | Empl. Number(s) Reason |

| Specialized Skills - List Printing Equipment You Have Operated: (example: MBO folder 28 X 40, 16 page folds, set up & operated regularly) | | | | |
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| General Information | | | | |
| How long have you lived at your present address?Years | | | | |
| How long did you live at your previous address? Years | | | | |
| State name of relatives and friends working for us other than your spouse. | | | | |
| In case of emergency, please notify: | | | | |
| Have you received Workmen's Compensation or Disability Income payments? Yes No If Yes, describe. | | | | |
| Have you physical limitations which preclude you from performing certain jobs? Yes No If Yes, describe limitation(s). | | | | |
| I am willing to submit to a substance abuse test at the expense of the company. Yes No | | | | |
| References | | | | |
| 1. | | | | |
| (Name) Phone # | | | | |
| (Address) 2. () | | | | |
| (Name) Phone # | | | | |
| (Address) 3. () | | | | |
| (Name) Phone # | | | | |
| (Address) | | | | |

| State any additional informa | tion you feel may be helpful to us i | n considering your application. | | | |
|--|--------------------------------------|---------------------------------|--|--|--|
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| Signature | | | | | |
| By signing this application below, I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that Liskey & Sons Printing, Inc. will attempt to verify statements made on my application and made during my employment interview. When contacted by Liskey & Sons Printing, Inc., I give my permission for my former employers to answer any and all questions based on information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of Liskey & Sons Printing, Inc.'s review of this application, I release Liskey & Sons Printing Compnay and all my former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this application will be deemed as a withdrawl of my application. I also authorize Liskey & Sons Printing, Inc. to obtain a criminal and DMV report upon request. I understand I have the right to make a written request within a reasonable time period to receive additional detailed information about the nature and scope of any such investigation. I hereby understand that the Commonwealth of Virginia is an "at will" work state, which means that the Employer may resign at any time and the Employer may discharge Employee at any time with or without notice or cause. | | | | | |
| Date | Print Name | Signature | | | |