



*"The Finest In Printing"*  
**APPLICATION  
FOR EMPLOYMENT**

1228 BALLENTINE BOULEVARD ♦ NORFOLK, VIRGINIA 23504 ♦ (757) 627-8712

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

(Please Print)

Position(s) Applied For			Date of Application
How Did You Learn About Us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	Salary Desired \$ _____ (per hour)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		
Home:		Cell:			

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 10 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment.

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 any special training, especially if it is job-related.	Branch of Service
	Period of Active Duty (month & year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

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

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**State any additional information you feel may be helpful to us in 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 Company 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 withdrawal 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