

Farley Printing Company

Application for Employment

Please Print

Position(s) Applying For: _____

Working Schedule:

Date Available To Begin Work: ____ / ____ / ____

Person Accepting This Application:

Working Days: M T W Th F S Sun

Applicant's Name: _____ Date: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (____) ____-____-____ The best time to call you at home is: _____

Social Security Number: ____-____-____ Salary or Wage Desired: _____

Are you under the age of 18 Years: Yes No

If YES, can you provide the company with a work permit: Yes No

Are you a citizen of the United States? Yes No

If no, are you eligible for employment in the U.S. Yes No

Type of employment desired: Full Time Part Time Temporary Nights Days

Will you work overtime if required? Yes No

Are you presently employed? Yes No If Yes, Where? _____

If yes, can we call you at work? Yes No If Yes, Phone Number _____

Are you on layoff and subject to recall? Yes No

Have you ever been convicted of a criminal act? Yes No

If YES, please give details: _____

Previous Employers (List current or most recent position first)

Name of Employer _____ Dates: From _____ To _____

Address _____

Position Held _____ Salary: Start _____ End _____

Describe the responsibilities of your position. _____

Name of immediate supervisor _____ Telephone Number _____

Reason(s) for leaving _____

Name of Employer _____ Dates: From _____ To _____

Address _____

Position Held _____ Salary: Start _____ End _____

Describe the responsibilities of your position. _____

Name of immediate supervisor _____ Telephone Number _____

Reason(s) for leaving _____

Name of Employer _____ Dates: From _____ To _____

Address _____

Position Held _____ Salary: Start _____ End _____

Describe the responsibilities of your position. _____

Name of immediate supervisor _____ Telephone Number _____

Reason(s) for leaving _____

Military Service

Are You a Veteran YES NO

If YES, Please give dates of service Dates: From _____ To _____

Last Rank Held _____

Please list any special skills or training. _____

Other References (Personal, Professional, and/or Academic)

Name	Organization where person is employed	Years known	Address of company of person
	Their occupation		City, State, Zip Code
			Telephone Number

Name	Organization where person is employed	Years known	Address of company of person
	Their occupation		City, State, Zip Code
			Telephone Number

Name	Organization where person is employed	Years known	Address of company of person
	Their occupation		City, State, Zip Code
			Telephone Number

Permission is granted to contact the above references other than current employer Yes No

Permission is granted to contact current employer Yes No

Educational Information

Schools	Name & Location of Schools	Major	Years Completed	Degree
---------	----------------------------	-------	-----------------	--------

High School

College

College

Business or Technical School

Other

List any professional or technical societies with which you are certified.

List any professional/technical publications of which you are author (title, place of publication, and date) or patents that you hold.

Communications

Please List Any Languages That You:	Read?	Speak ?	Write ?	Comments.
English				
Spanish				
Vietnamese				
Other? Specify				

Applicants Acknowledgment & Statement

I give the Employer the right to investigate all references and to secure additional information about me. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools, or persons, from all liability for any damage related to issuing this information.

I understand that the Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding applicants' consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I also understand that should I be employed by the Employer, I will be required, in accordance with the Immigration Reform Control Act of 1986 (IRCA), to provide on my first day of employment documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that, in the absence of a specific contract or agreement signed by the President of the Company, employees are hired on an at will basis, and either the employee or the Company may terminate the employment at any time with or without cause and with or without notice. The Employer's only obligation upon termination for any reason or no reason will be to pay salary or wages due and owing at that time.

I understand that, should I be employed by the Employer, I may be required to sign an agreement which protects the Employer's confidential information; conflicts of patent disclosures, assignments, and copying; and, other job related acknowledgments. I understand that it is a condition of my employment that I sign such agreements. If I refuse to sign, I acknowledge that the offer of employment to me will be revoked.

I understand that the Employer's place of business is a drug free environment and that weapons of any kind are strictly prohibited.

I have read and understand the provisions outlined above and affirm that the information is complete and true. I understand that any misrepresentation or omission of fact contained in this application is cause for rejection or immediate termination if I should become employed.

Signature of Applicant:

Date:

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

I authorize **Farley Printing Co. and Verifications, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities; and I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-800-247-0717 / 605-884-1200**

If currently employed: My current employer may be contacted.
_____ YES _____ NO _____ N/A _____ Post Hire Only _____ Applicant's Initials

I hereby certify all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.*

Signature Social Security Number Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.**

Last Name First Name Middle Name

Street Address City State ZIP

Driver's License Number State of License Expires On Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

Farley Printing Company, Inc.

CONSENT AND RELEASE FORM

ALCOHOL, DRUG AND SUBSTANCE TESTING

In consideration for my being selected for employment by Farley Printing Company, Inc.,

I, _____
hereby give my consent to, and authorize, Farley Printing Company, Inc. to order any testing necessary to determine the presence and/or level of drugs in my body.

I further give my consent to release to Farley Printing Company, Inc. or its designated agents, the results of any medical tests or medical procedures to determine the presence and/or level of drugs.

I agree to hold harmless Farley Printing Company, Inc. from any action that may arise out of such test results.

I realize that my refusal to sign this form constitutes a violation of the stated policy of Farley Printing Company, Inc. and for that refusal I will not be considered for and knowingly waive any possibility of employment with Farley Printing Company, Inc.

Applicant

Date

Witness