

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition, handicap or disability, sexual orientation, citizenship status or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

(Please Print)

Date: _____

Name: _____
Last First Middle

Soc. Sec. # _____

Street Address: _____

Home Phone: () _____

City, State, Zip: _____

Business Phone: () _____

Position(s) applied for: _____

Who referred you to our company? Advertisement Private Employment Agency Friend Relative
 Gov't. Employment Agency Walk-in Other _____

Are you of legal age to work? Yes No. If NO, a work permit will be required.

To the best of your knowledge, are you legally eligible to work in the United States? Yes No.
(Should you be hired, you will be required by law to provide documents verifying your employment eligibility).

Date you are available to start work: ____/____/____. Salary or wages desired: \$ _____ Hr. Wk.

What type of employment are you applying for? Full Time Part Time Night Shift Temporary
If you are applying for Part Time, Night, Shift or Temporary employment, please specify days and hours you are available:

Mon.: _____ AM to _____ PM Tues.: _____ AM to _____ PM Wed.: _____ AM to _____ PM

Thurs.: _____ AM to _____ PM Fri.: _____ AM to _____ PM Sat.: _____ AM to _____ PM

Sun.: _____ AM to _____ PM NOTE: Every consideration will be given to work availability information provided by an applicant; however, there is no guarantee the Company can offer employment that accomodates applicants' availability to work.

Have you ever applied for work here before? Yes No. If YES, enter date here: ____/____/____.

Were you ever employed by us before? Yes No. If YES, enter date here: ____/____/____.

If you are applying for Full Time employment, can you work overtime if necessary? Yes No

Are you employed at the present time? Yes No. If YES, can we contact your present employer? Yes No.

Do you have any relatives now employed by this Company? Yes No. If YES, please list names(s) and department: _____

Have you ever been bonded in prior employment? Yes No. If YES, list name(s) of employer(s): _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? Yes No.
If YES, list convictions: (a conviction does not necessarily disqualify an applicant for the position being applied for).



EDUCATION

HIGH SCHOOL

Name _____

Location _____

Number of years completed _____. Did you graduate? Yes NoWhat was your course of study? Academic Business Trade or Technical Other _____

COLLEGE

Name _____

Location _____

Number of years completed _____. Did you graduate? Yes No G.P.A. _____

What was your major? _____. Degree: _____

Did you enroll in a post-graduate course of education? Yes No If "Yes", what was your post-graduate field of study? _____. Degree: _____

Trade, Business or Correspondence School

Name _____

Location _____

Number of years completed _____. Did you graduate? Yes No

What was your course of training or study? _____

SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired.

If computer skills are required for the job position you have applied for, please check the boxes that apply to your experience:

 PC Mac Both. Software applications: Word Processing Accounting Data Processing
 Graphics Presentation E-mail Internet Other _____

FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: _____ Fluent Good Fair Speak Read WriteLanguage: _____ Fluent Good Fair Speak Read Write

MEMBERSHIPS

List Business, Trade, Professional, Community or Activities Memberships and any offices you may have held. (Exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status):

PRIOR EMPLOYMENT (Start with most recent employer)

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer:	Phone: ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

Were you a member of the U.S. Armed Forces? Yes No. Branch: _____

Describe briefly your military duties: _____

_____ Years served: _____. Rank at discharge: _____

PERSONAL REFERENCES

List three personal references. (exclude relatives or former employers).

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal.

The Company, in compliance with the provisions of the Fair Credit Reporting Act of Sept. 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing . I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

Signature of Applicant _____ Date

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW

Accepted for employment: Yes No Position: _____

Starting Rate \$ _____ per Hour Week Schedule to start work: ____/____/____.

Interviewed by: _____ Date: ____/____/____.

Approved by: _____ Date: ____/____/____.

This Application for Employment form is designed for general use throughout the United States. It has been prepared in accordance with E.E.O.C. guidelines; however, Sagamore Graphics Inc. shall not be responsible or held liable for the inclusion herein, or omission, of any questions which, when used by the employer, may violate Federal, State and/or local laws.

VOLUNTARY DISCLOSURE RECORD

Our policy is to provide equal employment opportunity to all applicants for employment and employees without regard to race, color, religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status. In order that our company comply with United States Government Affirmative Action Programs, we are required to collect certain personal information from our applicants and employees. **Completion of this form is entirely voluntary.** If you choose to provide the information requested below, you are assured that it will be kept confidential and separate from your application form. This information is not a requirement for employment and will not be a factor regarding the decision to hire.

PLEASE PRINT

Date: _____

Name: _____
Last First Middle

Soc. Sec. # _____

Street Address: _____

City, State, Zip: _____

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CHECK ONE OF THE FOLLOWING: Male Female

CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

American Indian/Alaskan Native Asian Pacific Islanders - native Hawaiian
 Hispanic/Latino - White Hispanic/Latino - all other races White (not of Hispanic origin)
 Black (not of Hispanic origin) Other _____

In accordance with United States Department of Labor regulations, federal contractors are required to provide an opportunity for handicapped individuals, disabled veterans and Vietnam era veterans to identify themselves when applying for employment. **Identification is entirely voluntary and confidential.** The information provided will only be used to assist in proper placement and determining reasonable accommodation. If you wish to be identified, please check any of the following that are applicable.

Person with disability Veteran with disability Vietnam Era Veteran

The above information is voluntarily provided by me. I understand it is for record-keeping only and is not part of my application or a requirement for employment. It will be filed separately and kept confidential.

Signature _____ Date _____