

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Please Print

NAME		
Last	First	Middle
ADDRESS		
Street	City	State
TELEPHONE NUMBER ()		DRIVER LICENSE NUMBER
SOCIAL SECURITY NUMBER		

PERSONAL INFORMATION & EMPLOYMENT INTERESTS

Position for which you are applying:	<input type="checkbox"/> FT <input type="checkbox"/> PT	Date you can start:	Wage desired: \$
Do you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for PHP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list dates:	
Do you have any friends or relatives currently working for PHP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list names:	
Have you ever been convicted of or pleaded guilty to a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Can you submit verification of your legal right to work in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Are you available to work: <input type="checkbox"/> Day Hours _____ <input type="checkbox"/> Night Hours _____ <input type="checkbox"/> Weekend Hours _____			

EDUCATION BACKGROUND

NAME OF HIGH SCHOOL	Circle Highest Grade Completed: 9 10 11 12 Graduated GED
COLLEGE OR TRADE SCHOOL	Circle Highest Grade Completed: 1 2 3 4 Graduated Major

EMPLOYMENT HISTORY - Start with the most recent employer

COMPANY	TELEPHONE NUMBER	POSITION HELD	DATES (Indicate Month/Year)	RATE OF PAY	SUPERVISOR'S NAME	REASON FOR LEAVING
			From To			
			From To			
			From To			
			From To			
			From To			

CHARACTER REFERENCES - Two are required (No relatives)

NAME	RELATIONSHIP	TELEPHONE NUMBER ()
NAME	RELATIONSHIP	TELEPHONE NUMBER ()

PLEASE READ CAREFULLY AND SIGN. THIS IS NOT AN EMPLOYMENT AGREEMENT OR CONTRACT.

The information given by me on this employment application is true and correct. If the information is found to be false, or misleading, I will not be eligible for employment or subject to immediate dismissal from employment. I also understand that my employment is "at will" and may be terminated at any time by Pel Hughes Printing, Inc. with or without prior notice. I hereby authorize Pel Hughes Printing to investigate any and all statements on this application as it considers reasonable or appropriate. This includes, without limitation, the investigation of my employment background, credit and personal history.

Applicant's Signature & Release: _____ Date: _____