

Please Print, Fill out and Fax back to Caskey Printing (Attention Tom Redding) @ 717-764-5003

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER)

Personal Information

Date: _____
Social Security Number _____

NAME: _____
Last First Middle

PRESENT ADDRESS _____
Street City Zip

PERMANENT ADDRESS _____
Street City Zip

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

Employment Desired

Position Applying For: _____ Date Available _____ Salary Desired _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

Ever Applied to Caskey Printing Inc. Before? _____ Where? _____ When? _____

Referred By? _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Certificate programs / Self Improvement Classes Attended / Other _____

Special Skills / Hobbies / Interests _____

Activities: (Civic, Athletic, Etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF IT'S MEMBERS.

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves _____

This form has been revised to comply with the provisions of the Americas with Disabilities Act, and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (list below last 3 employers, starting with latest one first)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

What did you like about your previous position? _____

REFERENCES: Give the names of 3 persons **not** related to you, whom you have known at least one year

NAME	ADDRESS	BUSINESS / PHONE NO.	YEARS ACQUAINTED
1.			
2.			
3.			

Signature of Applicant _____

Date _____

In case of

emergency notify: _____

Name

Address

Phone No.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

"IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. AT EITHER MY OR THE COMPANY'S OPINION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT CAN BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____

Neatness _____ Ability _____

Hired Yes No Position _____ Dept. _____

Salary / Wage _____ Date reporting to work _____

Approved: 1. _____ 2. _____
HUMAN RESOURCES DEPT. HEAD