



APPLICATION FOR EMPLOYMENT



PLEASE READ BEFORE FILLING OUT THIS APPLICATION

This Company does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, disability, veteran status or age. No question on this application is intended to secure information to be used for such discrimination.

This application will receive active consideration for thirty (30) days. If you have not heard from the Company within thirty (30) days and wish to receive further consideration for employment, it will be necessary to complete another application form.

PERSONAL INFORMATION:

Social Security Number _____

Name _____ Date of Birth (complete only if under 18) _____
LAST FIRST MIDDLE MONTH DAY YEAR

Address _____
STREET CITY STATE ZIP

Length of time at this address _____ Telephone No. _____

List previous address if address has changed during the past 5 years.

STREET CITY STATE ZIP

Are you a U.S. Citizen? Yes No If no, do you have the legal right to remain permanently in the U.S.? Yes No

Dates of Military Service _____ Branch _____ Final Rank _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary Desired _____

Have you ever worked here before? _____ If yes, list date and department _____

Do you wish to work Full-Time Part-Time Temporary

Are you available to work First Shift Second Shift Third Shift

EMPLOYMENT HISTORY: Starting with your present or most recent employer, list your last three employers.

Date/Mo. & Yr.	Name and Address of Employer	Salary	Position	Reason For Leaving
FROM				
TO				

Supervisor's Name _____ Telephone: _____

Date/Mo. & Yr.	Name and Address of Employer	Salary	Position	Reason For Leaving
FROM				
TO				

Supervisor's Name _____ Telephone: _____

Date/Mo. & Yr.	Name and Address of Employer	Salary	Position	Reason For Leaving
FROM				
TO				

Supervisor's Name _____ Telephone: _____

If you are presently employed, may we contact your present employer? Yes No

List what you did in all periods between those above, including employment, part-time, or self employment. Please list on the back of this page.

You were referred to Keys by: Keys Employee Employment Security Office Employment Agency Advertisement Other
 Name _____

Are you related to any current employees of Keys Printing Company? Yes No

If yes, please list name and department _____
NAME DEPARTMENT

LICENSES AND SPECIAL SKILLS:

Do you type (keyboard)? Yes No _____ WPM

List any office equipment you operate _____

Do you have a valid South Carolina driver's license? Yes No

List any printing equipment you operate _____

How many days have you been absent from work in the past year for reasons other than vacations? _____

EDUCATION:

Name of School	Address: City, State	Major Subject	Check Last Year Completed	Year Graduated
High School			1 2 3 4	
College			1 2 3 4	
Trade/Business			1 2 3 4	

List any special training, skills or experience you feel qualify you for a position with Keys Printing _____

Have you ever been convicted of a felony? Yes No If yes, explain in detail _____

PLEASE READ BEFORE SIGNING

I hereby verify that the information provided is true, complete and accurate. I understand that the company may investigate all of the statements made on this application form and that any misrepresentation or omission is cause for dismissal.

I understand that no employee, manager or other agent of the company, has any authority to enter into any agreement for employment for any specified period of time unless such an agreement is in writing and signed by the President. I further understand that absent such an agreement, employment can be terminated by the company or by the employee at any time.

Signature _____ Date _____

I understand that, as a condition of employment, I may be required to have a physical examination, including tests for drug and alcohol use.

Signature _____ Date _____

RELEASE AND AUTHORIZATION FOR BACKGROUND AND REFERENCE INVESTIGATION

As part of its employment screening and selection procedures, Key Printing Company/Consolidated Graphics, requires a background investigation and a check of references. Such investigation and checks may require the submission to Keys Printing Company/Consolidated Graphics of information about the applicant's social security number (SSN), date of birth (DOB) and driver's license number.

I, _____ hereby give Keys Printing Company/Consolidated Graphics and/or its designees permission and authority to conduct a background investigation and reference checks concerning my past and current activities. I agree and consent to any investigation Keys Printing Company/Consolidated Graphics and/or its designees may make including, but not limited to, information as to my personal character, general reputation, former employment, education, credit history, driving record, social security wage information, criminal history and other information contained in public records or obtainable from former employers or other references, business or personal.

I hereby authorize and request any former employers, personal references, schools, police and court personnel, credit agencies and any other person to furnish to Keys Printing Company/Consolidated Graphics and/or its designees any information concerning my work habits, reasons for termination, eligibility for rehire, salary information, character and reputation information, criminal history, driving records, credit history or any other relevant information requested by Keys Printing Company/Consolidated Graphics and/or its designees.

I hereby release all persons, companies, corporations or individuals from all liability and responsibility that may result from providing Keys Printing Company/Consolidated Graphics and/or its designees the information set out herein.

I am aware that the result of any background investigation performed by Keys Printing Company/Consolidated Graphics and/or its designees is not the sole criteria used by the Keys Printing Company/Consolidated Graphics in making a decision to hire or not hire any individual, including me. I am also aware that any falsification or misrepresentations of information appearing on my application for employment shall be grounds for my not being hired or for my being terminated.

EMPLOYER/POTENTIAL EMPLOYER Keys Printing Company/Consolidated Graphics Corporation

APPLICANT/EMPLOYEE NAME _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ State of Issue _____

Current Address _____

Date _____ Signature of Applicant _____

Keys Printing Company
DRUG TESTING POLICY

Keys Printing Company policy is that all applicants must pass a **drug test** before being employed.

Name_____ Date_____