



BEYOND INK ON PAPER

710 Johnston St. PO Box 2153

Sinking Spring, PA 19608

EMPLOYMENT APPLICATION

Grafika Commercial Printing, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Date of Application ____/____/____

Name _____ Soc. Sec. # _____
Last Name First Name Middle

Address _____
No. Street

_____ City State Zip Code

Home Phone (____) ____ - _____ Alternate Phone (____) ____ - _____

How Did You Hear About Us? Newspaper Ad Internet Ad Employment Agency Walk-In
 Current Employee _____ Other _____

Position(s) Applied For _____

Date you're available to work: ____/____/____ Salary or wage desired: \$ _____/ Hr Wk

Shift you are available to work? 1st shift 2nd shift 3rd shift

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment) YES NO

Are you over the age of 18 years? (If no, you may be required to provide authorization) YES NO

Can you with or without reasonable accommodation perform the essential functions of this job? YES NO

(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

Have you ever applied to Grafika before? (If yes, please give date.) YES _____ NO

Have you ever worked for Grafika before? (If yes, please give date.) YES _____ NO

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) YES NO

If yes, please explain: _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain: _____

This Section: Applicants for Driving Positions ONLY (includes Sales Positions):

Do you have a valid driver's license? YES NO Drivers Lic.# _____ Class _____ State _____

Have you been convicted of any moving violations in the past three (3) years? YES NO

If yes, please explain: _____

Have you ever been convicted of a DUI or a DUI related incident? YES NO

Have you had any traffic accidents in the past three (3) years? YES NO

If so, how many? _____

Explain. _____

Have you ever had your license suspended, revoked or restricted? YES NO

Note: Drivers in this company are responsible for all laws that they break.

EDUCATION	Name and Location of School	Course of Study or Major	# of Yrs Completed	Diploma/ Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

EMPLOYMENT HISTORY

(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Grafika.)

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

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

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

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

Please provide any other information that you feel will help us in considering your application for employment:

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Yrs Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by GRAFIKA COMMERCIAL PRINTING, INC (hereinafter referred to as "GRAFIKA") that such employment with GRAFIKA. is at will, for no specified duration and may be terminated by either GRAFIKA or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of GRAFIKA or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of GRAFIKA except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of GRAFIKA.

In consideration for employment with GRAFIKA, if employed, I agree to conform to the rules, regulations, policies and procedures of GRAFIKA at all times and understand that such obedience is a condition of employment. I understand that due to the nature of GRAFIKA business, attendance and punctuality are considered essential requirements of every job at GRAFIKA and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with GRAFIKA, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to GRAFIKA and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that if I am offered a job, regardless of intended payroll status, I must successfully undergo drug screening as part of pre-employment processing (post offer). I acknowledge that my employment offer is contingent upon my favorable test results and that a proper form of ID will be needed at the time of the test. I acknowledge that if I fail the test, my future applications may not be considered up to 1 year after the date of the test.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: _____

GRAFIKA COMMERCIAL PRINTING, INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

Invitation to Identify for Affirmative Action Purposes

As a federal government contractor, our organization is subject to Section 503 of the Rehabilitation Act of 1973, as amended, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which require government contractors to employ, and advance in employment, qualified handicapped individuals, disabled veterans, and veterans of the Vietnam Era. We are required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary. The information you provide is strictly confidential and will be maintained separate from your personnel file.

We are an equal opportunity employer and do not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability or any other basis prohibited by federal, state or local law. Questions on this form are not intended to be used for such discrimination.

Applicant Name: _____ Date: _____

Position Applied For: _____

Please Check One:

Male

Female

Indicate the Appropriate Race/Ethnic Group:

White

Asian

Hispanic or Latino (All Races)

Black/African American

Native Hawaiian or

Hispanic or Latino (White Races only)

American Indian or Alaska Native

Other Pacific Islander

Hispanic or Latino (All Other Races)

To Vietnam Era Veterans, Other Eligible Veterans, Special Disabled Veterans and Individuals with Disabilities (Check all that are applicable):

“Disabled Veterans” are defined as those persons who served in active duty during the Vietnam Era, the Korean Conflict, World War Two, or World War One, and are “capable of performing a particular job with reasonable accommodation to his or her disability” incurred or aggravated in the line of duty.

“Veterans of the Vietnam Era” are defined as those “who served on active duty for more than 180 days between February 28, 1961 and May 7, 1975, and were discharged or released with other than a dishonorable discharge or were discharged or released from active duty for a service-connected disability.”

“Other Veterans” are defined as those who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

“Disabled Individual” means any person who has a physical or mental impairment that substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment.

How Were You Referred:

Advertisement

School/College

Employee Referral

State Job Service

Employment Agency

Temporary Agency

Government Agency

Walk-In

Recruitment

Other (Please Specify): _____

RACE IDENTIFICATION

- 1.) **White** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 2.) **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- 3.) **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- 4.) **American Indian/Alaskan Native** – A person having origins in any of the original peoples of North and South American (including Central American) and who maintains tribal affiliation or community attachment.
- 5.) **Hispanic or Latino (All Races)** – A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- 6.) **Hispanic or Latino (White Race Only)** – A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin and of the White race.
- 7.) **Hispanic or Latino (All Other Races)** - A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin and of any other race other than the White race.
- 8.) **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- 9.) **Missing Race or Unknown** – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.