



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

GORDONGRAPHICS, INC.

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Desired
If requested, can you provide proof of your authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No All employees will be subject to employment eligibility verification.			If you do not hold U.S. Citizenship please provide your alien registration number?
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			When will you be available to begin work?
Have you been convicted of a crime in the past ten years, excluding traffic violations, misdemeanors and summary offenses, which have not been annulled expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full:			

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA
Graduate or Other				
College				
High				

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Were you dishonorably discharged? * <input type="checkbox"/> Yes <input type="checkbox"/> No
	Rank at Discharge
	Date of Final Discharge

*Dishonorable discharge is not necessarily a bar to employment at GordonGraphics, Inc.

Please complete form in detail. Be specific and fill in all blanks including salary information. Start with present or most recent employer. All information given will be held in strict confidence.

EMPLOYMENT

1. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving
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2. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving
<hr/>	
3. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of York Work:	Reason for Leaving
<hr/>	
4. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving
<hr/>	
5. Company Name	Telephone
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Your Work:	Reason for Leaving

Please give accurate complete references other than someone at your address.

REFERENCES

1. Name	Telephone
Address	Relationship

2. Name	Telephone
Address	Relationship

3. Name	Telephone
Address	Relationship

We may contact the employers listed unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Number (s) _____ Reason _____
The information provided in this Application for Employment is true, current, accurate and complete. If employed, I understand and agree that any misstatement or omission of fact on this application may result in my dismissal.	
I understand the employment resulting from my acceptance is at the will of either party and therefore, terminable by GordonGraphics or myself at any time without prior notice.	
_____ Date	_____ Signature

ADDITIONAL COMMENTS
