

DESIRED EMPLOYMENT: Part-Time Full-Time

PRINT ALL INFORMATION REQUESTED EXCEPT FOR SIGNATURE

NAME: _____ DATE: _____
FIRST MIDDLE LAST

PREFERRED PHONE NUMBER: _____ EMAIL ADDRESS: _____

CURRENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ DATE OF BIRTH: _____
MONTH | DAY | YEAR

ARE YOU OVER 18 YEARS OLD? (Y/N) _____ HAVE YOU APPLIED HERE PREVIOUSLY? IF SO, WHEN? _____

POSITION APPLYING FOR: _____ SALARY EXPECTATIONS: _____

HOW DID YOU HEAR ABOUT THIS ROLE? IF EMPLOYEE REFERRAL, WHO? _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ ARE YOU WILLING TO WORK OVERTIME? (Y/N) _____

WHEN ARE YOU AVAILABLE TO START WORKING? _____ IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? (Y/N) _____

DO YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP TO WORK FOR A U.S. EMPLOYER? (Y/N) _____

DO YOU HAVE A VALID DRIVER'S LICENSE? (Y/N) _____ HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Y/N) _____
(BACKGROUND CHECKS ARE REQUIRED FOR ALL FINALIST APPLICANTS)

EDUCATION HISTORY

PLEASE LIST YOUR HIGHEST LEVEL OF EDUCATION COMPLETED: _____

TYPE OF SCHOOL (High School/GED Equivalent | College | Technical/Vocational/Trade School | Professional School): _____

NAME OF SCHOOL: _____

LOCATION: _____

YEARS COMPLETED: _____

MAJOR AND DEGREE: _____

LICENSES & CERTIFICATIONS

DO YOU HAVE A LICENSE TO OPERATE A FORKLIFT? _____

DO YOU HAVE ANY SPECIAL LICENSES AND/OR CERTIFICATIONS RELATING TO THIS FIELD? IF SO, PLEASE LIST: _____

PRIOR WORK EXPERIENCE

(LIST MOST RECENT FIRST)

COMPANY NAME: _____

ADDRESS: _____

NUMBER

STREET

CITY

STATE

ZIP

POSITION HELD: _____

DATES EMPLOYED: _____

STARTING SALARY: _____ FINAL SALARY: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____

NUMBER

STREET

CITY

STATE

ZIP

POSITION HELD: _____

DATES EMPLOYED: _____

STARTING SALARY: _____ FINAL SALARY: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____

NUMBER

STREET

CITY

STATE

ZIP

POSITION HELD: _____

DATES EMPLOYED: _____

STARTING SALARY: _____ FINAL SALARY: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES, 2 BEING YOUR LAST 2 PREVIOUS DIRECT MANAGERS THAT WE CAN CONTACT ON YOUR BEHALF.

NAME: _____

COMPANY: _____

COMPANY YOU WORKED WITH REFERENCE AT: _____

POSITION: _____

PREFERRED TELEPHONE NUMBER: _____

EMAIL: _____

HOW LONG HAVE YOU KNOWN THEM? _____

NAME: _____

COMPANY: _____

COMPANY YOU WORKED WITH REFERENCE AT: _____

POSITION: _____

PREFERRED TELEPHONE NUMBER: _____

EMAIL: _____

HOW LONG HAVE YOU KNOWN THEM? _____

NAME: _____

COMPANY: _____

COMPANY YOU WORKED WITH REFERENCE AT: _____

POSITION: _____

PREFERRED TELEPHONE NUMBER: _____

EMAIL: _____

HOW LONG HAVE YOU KNOWN THEM? _____

APPLICATION AGREEMENT AUTHORIZATIONS

READ EACH PARAGRAPH VERY CAREFULLY – INITIAL AND SIGN WHERE INDICATED

In exchange for the consideration of my job application by Sun Graphic Technologies, Inc. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /Director of Operations of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures, and such changes may include reduction in benefits.

Initials:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without notice.

Initials:

I hereby give the Company permission to complete a background check which may include contacts to schools, previous employers (unless otherwise indicated), references, public records, criminal records, and hereby release the Company from any liability and alcohol policy that provides for testing as a result of such contacts.

Initials:

Sun Graphic Technologies, Inc. is a Drug Free Workplace: I also understand that (1) the Company has a drug after employment; (2) consent to and compliance with such a policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

Initials:

Probationary Period:

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Initials:

X _____ Signature of Applicant	_____ Date
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR COMPANY.

SUN GRAPHIC TECHNOLOGIES, INC.