

|                       |                     |                          |                    |
|-----------------------|---------------------|--------------------------|--------------------|
| POSITION APPLYING FOR | HOURLY WAGE DESIRED | HOURS AND DAYS AVAILABLE | DATE YOU CAN START |
|-----------------------|---------------------|--------------------------|--------------------|

### Personal Information

|  |  |   |  |   |
|--|--|---|--|---|
| Last Name  | First  | Middle or Initial   | Birth Date   | Shirt Size<br>M L XL XXL  |
| Current Address (Street, City, State, ZIP Code)  |  |   | Home Phone   |   |
| Permanent Address (Street, City, State, ZIP Code)  |  |   | Other Contact Number   |   |
| Social Security Number   | 18 years old or older?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | U.S. Citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do You Have Your Own Transportation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Have you ever been convicted for violating any civil, criminal or military law?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ |  |   |  |   |
| PHYSICAL RECORD:<br>List any Physical Impairments: _____   |  |   |  | Are You in Good Health?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do You Have Any Impairments in Hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | In Vision? <input type="checkbox"/> Yes <input type="checkbox"/> No       |  | In Speech? <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| EMERGENCY CONTACT INFORMATION:<br>Name/Relationship: _____ Phone Number: _____   |  |   |  |   |

### Education

| EDUCATION  | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DATE GRADUATED | MAJOR COURSES STUDIED |
|--|---------------------------|----------------|----------------|-----------------------|
| Grammar School   |                           |                |                |                       |
| High School  |                           |                |                |                       |
| College  |                           |                |                |                       |
| Special skills, training, experience or schooling which may be applicable to copying, printing, bindery or graphics operations:<br>_____<br>_____<br>_____ |                           |                |                |                       |

Have you applied with DocuMart before?  Yes  No If so, when and where? \_\_\_\_\_

How did you hear about DocuMart?  Friend or Family (Name: \_\_\_\_\_)  Newspaper Ad  Yellow Pages  Walk-In  
 Other (Please Explain: \_\_\_\_\_)

# Employment Record

Beginning with the most recent, list all present and past employment. Please include periods of unemployment.

|                                       |                       |      |   |      |                           |               |
|---------------------------------------|-----------------------|------|---|------|---------------------------|---------------|
| Company Name                          | Dates of Employment   |      |   |      | Starting Salary           | Ending Salary |
|                                       | From                  |      | To  |      |                           |               |
| Street Address                        | Month                 | Year | Month   | Year | Supervisor's Name         |               |
|                                       |                       |      |   |      |                           |               |
| City                                  | State                 | Zip  | If currently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |      | Supervisor's Phone Number |               |
| Position Title                        | Reason(s) for Leaving |      |   |      |                           |               |
| Please describe your specific duties: |                       |      |   |      |                           |               |

|                                       |                       |      |   |      |                           |               |
|---------------------------------------|-----------------------|------|---|------|---------------------------|---------------|
| Company Name                          | Dates of Employment   |      |   |      | Starting Salary           | Ending Salary |
|                                       | From                  |      | To  |      |                           |               |
| Street Address                        | Month                 | Year | Month   | Year | Supervisor's Name         |               |
|                                       |                       |      |   |      |                           |               |
| City                                  | State                 | Zip  | If currently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |      | Supervisor's Phone Number |               |
| Position Title                        | Reason(s) for Leaving |      |   |      |                           |               |
| Please describe your specific duties: |                       |      |   |      |                           |               |

|                                       |                       |      |   |      |                           |               |
|---------------------------------------|-----------------------|------|---|------|---------------------------|---------------|
| Company Name                          | Dates of Employment   |      |   |      | Starting Salary           | Ending Salary |
|                                       | From                  |      | To  |      |                           |               |
| Street Address                        | Month                 | Year | Month   | Year | Supervisor's Name         |               |
|                                       |                       |      |   |      |                           |               |
| City                                  | State                 | Zip  | If currently employed, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |      | Supervisor's Phone Number |               |
| Position Title                        | Reason(s) for Leaving |      |   |      |                           |               |
| Please describe your specific duties: |                       |      |   |      |                           |               |

## References

List below persons not related to you, whom you have known for at least one year and who would be knowledgeable of your abilities.

|      |              |            |             |
|------|--------------|------------|-------------|
| Name | Phone Number | Occupation | Years Known |
| Name | Phone Number | Occupation | Years Known |
| Name | Phone Number | Occupation | Years Known |

### Please Read:

I affirm that the information provided by me on this application is true and complete. I understand and agree that the provision of false information or the omission of significant information is sufficient reason for the rejection of my application or termination of my employment.

I further understand and agree that DocuMart may verify the information that I have given by contacting any of the references I have provided. I hereby agree to hold DocuMart harmless for any action it may take with respect to this application based upon the information provided to it by these references.

If employed, in consideration of said employment, I agree to conform to the rules and regulations of DocuMart and further agree that my employment may be terminated, with or without cause, at any time, either by me or DocuMart; and that I will be subject to a probationary period of 90 days upon the commencement of my employment, I understand that no employee or representative of DocuMart, other than the CEO, President, or General Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Comments: \_\_\_\_\_

\_\_\_\_\_