

Cottrell Printing Company, Inc.

Employment Application

Cottrell Printing Company, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name Middle Last

Street Address City State Zip Code

Home Telephone Number Social Security Number Today's Date

Daytime Telephone Number at which we may contact you

Are you 18 years of age or older? Yes No

Have you ever been convicted of a crime? Yes No

If "yes", please explain:

Position Preferences

For what position are you applying? _____

Client Company Name: _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time Part Time # of Hours Per Week _____

Could you work overtime? Yes No

What date could you start work? _____

Could you travel if required by this position? Yes, % of Time _____ No

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Education

High School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

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Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (select one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes No

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (select one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes No

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Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (select one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes No

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Cottrell Printing Company, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at Cottrell Printing Company, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Cottrell Printing Company, Inc. has no specific term and may be terminated by the employee or Cottrell Printing Company, Inc. with or without notice. I acknowledge that Cottrell Printing Company, Inc. has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Cottrell Printing Company, Inc., and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Cottrell Printing Company, Inc.] I agree to release and hold harmless Cottrell Printing Company, Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Cottrell Printing Company, Inc.] may be terminated.

Applicant's Signature

Date