

actionn JOB APPLICATION

41079 Concept Dr, Plymouth, MI 48170
 printech, inc. (734) 207-6000

It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

NAME AND ADDRESS							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Home Phone				Cell Phone			
Date of Birth				Email			
Marital Status				Today's Date			
JOB TYPE							
Days/Hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
I am seeking a:		<input type="checkbox"/> Full-time Job		<input type="checkbox"/> Part-time Job		<input type="checkbox"/> Full or Part-time Job	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
ADDITIONAL INFORMATION							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain							
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver's license number		Issues in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

EMERGENCY CONTACT INFORMATION

Name (First, MI, Last)	Relationship
Mailing Address	
City, State, and Zip Code	
Home Phone	Cell Phone

EDUCATION

School	Location (mailing address)	Years completed	Major	Degree or Diploma
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HIGH SCHOOL

COLLEGE OR BUSINESS/TRADE SCHOOL

MILITARY

Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Entered
Speciality			

WORK EXPERIENCE

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1)

2)

Person who Referred you to Work at Action Printech:

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date