

Telephone Number



825 South Sandusky Avenue • Bucyrus, Ohio 44820      138 Harding Way West • Galion, Ohio 44833      129 West Wyandot Avenue • Upper Sandusky, Ohio 43351  
 Ph: 419-562-3111 • Fax: 419-562-0078      Ph: 419-468-5422 • Fax: 419-462-5606      Ph: 419-294-5247 • Fax: 419-294-2679

**← IMPORTANT - COMPLETE INFORMATION ALONG LEFT EDGE OF APPLICATION**

Social Security Number

Present Address	Street	City	State	Zip Code	Lived Here How Long?
Last Previous Address	Street	City	State	Zip Code	Lived There How Long?
Type of Work Desired?	<input type="checkbox"/> Full Time	Date Available To Work?	Referred to A-1 Printing Inc. by?	Starting Wage Desired?	
Shift Preference <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any	<input type="checkbox"/> Part Time			_____ Per Hour	
				Or, _____ Per Week	
				Or, _____ Per Month	
Have You Ever Been Interviewed By Or Worked For A-1 Printing Inc. Before?	<input type="checkbox"/> YES - If So, When <input type="checkbox"/> NO		Do You Have A Valid Driver's License?	Are You On A Layoff And Subject To Recall?	
			State: _____	Can You Travel If A Job Requires It?	

Middle

List Relatives Employed By A-1 Printing Inc.

List Your Friends Who Work For A-1 Printing Inc.

First

Were You In The U.S. Armed Forces?	<input type="checkbox"/> YES - If Yes, Name Branch <input type="checkbox"/> NO	Dates of Duty?	Rank at Discharge?

List Duties and Special Training While in U.S. Armed Forces:

Name: Last

Have You Ever Been Convicted of a Felony?	<input type="checkbox"/> YES - If Yes, For What Offense? Give Date, Place and Disposition <input type="checkbox"/> NO	Do You Have U.S. Citizenship or Authorization to Work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are You Over Age 18?	<input type="checkbox"/> NO - If No, Hire is Subject To Verification <input type="checkbox"/> YES - That You Are Of Legal Minimum Age



**EMPLOYMENT RECORD – Begin with current or most recent employer, including Military Service.**

1. COMPANY NAME		From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last \$ \$	Name & title of your supervisor
ADDRESS		DESCRIBE THE WORK YOU DID _____		
PHONE				
POSITION TITLE				
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>	EXPLANATION			

2. COMPANY NAME		From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last \$ \$	Name & title of your supervisor
ADDRESS		DESCRIBE THE WORK YOU DID _____		
PHONE				
POSITION TITLE				
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>	EXPLANATION			

3. COMPANY NAME		From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last \$ \$	Name & title of your supervisor
ADDRESS		DESCRIBE THE WORK YOU DID _____		
PHONE				
POSITION TITLE				
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>	EXPLANATION			

4. COMPANY NAME		From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last \$ \$	Name & title of your supervisor
ADDRESS		DESCRIBE THE WORK YOU DID _____		
PHONE				
POSITION TITLE				
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>	EXPLANATION			

5. COMPANY NAME		From DATES EMPLOYED To Mo. Yr. Mo. Yr. / - /	SALARY PER WK. Start Last \$ \$	Name & title of your supervisor
ADDRESS		DESCRIBE THE WORK YOU DID _____		
PHONE				
POSITION TITLE				
REASON FOR LEAVING CHECK ONE Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/>	EXPLANATION			

