

General Information

Have you ever been charged with or convicted of a felony? Yes No If yes, please give details:

Would you be willing to undergo pre- and post-employment drug screening as a condition of employment?

Yes No

Would you be willing to sign confidentiality and non-compete statements as a condition of employment?

Yes No

Are you able to perform, with or without reasonable accommodations, the essential functions of the job(s) for which you are applying?

Yes No

Special equipment / training / skills (languages, machine operation, etc.) that would be of special benefit in the job for which you are applying:

Military Service

Branch of Military _____

Military Status

Specialty _____

Rank: _____ Active Nonactive Honorable Discharge: Yes No Date: _____

Military School Attended: _____

Location: _____ Graduation Date: _____

Military Assignments and Duties: _____

Personal References

(other than family members or previous employers)

1. Name _____ Phone () _____

Address _____

2. Name _____ Phone () _____

Address _____

3. Name _____ Phone () _____

Address _____

Employment History

(List present or most recent positions first)

Present or Most Recent Position

May we contact your present employer?

Yes

No

Name of Employer			Mailing Address				
Phone ()	Type of Business		Department		Your Position		
Duties:							
Name and Position of Immediate Supervisor:							
Date Employed	Month	Year	Date Left	Month	Year	Starting Salary	Final Salary
Reason for leaving:							

Prior Position

Name of Employer			Mailing Address				
Phone ()	Type of Business		Department		Your Position		
Duties:							
Name and Position of Immediate Supervisor:							
Date Employed	Month	Year	Date Left	Month	Year	Starting Salary	Final Salary
Reason for leaving:							

Prior Position

Name of Employer			Mailing Address				
Phone ()	Type of Business		Department		Your Position		
Duties:							
Name and Position of Immediate Supervisor:							
Date Employed	Month	Year	Date Left	Month	Year	Starting Salary	Final Salary
Reason for leaving:							

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Employment History continued

Prior Position

Name of Employer			Mailing Address				
Phone ()	Type of Business		Department			Your Position	
Duties:							
Name and Position of Immediate Supervisor:							
Date Employed	Month	Year	Date Left	Month	Year	Starting Salary	Final Salary
Reason for leaving:							

Pre-Employment Statement (please read carefully before signing)

I understand that Graphic Visual Solutions follows an “employment at will” policy, in that either I or Graphic Visual Solutions may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the president of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial or termination of employment.

I understand this application will be active for a period of 90 days; after this time, if I wish to be considered for employment, I must submit a new application.

I understand that Graphic Visual Solutions will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if specifically noted herein, to provide any information requested about me.

I hereby authorize an investigation of my past employment and all statements and information contained in this application. I certify that all answers and statements contained in this application are true, and I understand that any false or misleading statements or omission of facts made by me on this application or any supplement to it (oral or written) shall result in my application being rejected or my employment being terminated.

Additionally, I understand that as part of the Graphic Visual Solutions application process, a consumer report/criminal background check will be performed, and I hereby authorize the same.

I understand that if I am accepted for employment by Graphic Visual Solutions my employment will be for no definite period of time, and it may be terminated at will by either party at any time without previous notice.

Please be sure to sign and date this application. Thank you for your interest in our company.

Date

Signature of Applicant



- printing
- labels/packaging
- digital printing
- wide-format
- direct mail
- fulfillment
- design