



# APPLICATION FOR EMPLOYMENT

**IMPORTANT:** Read terms of employment carefully. Double check all answers before submitting. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE OR SEX.

## PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME		DATE	
PRESENT ADDRESS: STREET & NUMBER		CITY		STATE		ZIP	
TELEPHONE							
PERMANENT ADDRESS: STREET & NUMBER		CITY		STATE		ZIP	
TELEPHONE							
IN CASE OF EMERGENCY NOTIFY: NAME		_____					
STREET & NUMBER		_____					
CITY		STATE		ZIP			
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DO YOU HAVE A DRIVERS LICENSE?			
/ /		- -		<input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT TRAFFIC VIOLATIONS)?				TYPE		STATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE ATTACH A SUMMARY OF DETAILS. DISCLOSURE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION. YOUR CASE WILL BE JUDGED ON IT'S OWN MERITS.						EXPIRES	
HEIGHT		WEIGHT		TIME LOST DURING THE PAST YEAR DO TO INJURY OR ILLNESS		NATURE OF ACCIDENT OR ILLNESS	
				TOTAL DAYS		NUMBER OF OCCURENCES	

## EDUCATION

LIST ALL SCHOOLS ATTENDED	NAME AND ADDRESS OF SCHOOL	FROM MO / YR	TO MO / YR	GRADUATED	DEGREE OR DIPLOMA	MAJOR
HIGH SCHOOL		/	/			
COLLEGE OR UNIVERSITY		/	/			
COLLEGE OR UNIVERSITY		/	/			
GRADUATE SCHOOL		/	/			
BUSINESS OR TECHNICAL		/	/			

IF YOU ATTENDED COLLEGE BUT DID NOT GRADUATE, HOW MANY CREDIT HOURS DID YOU NEED FOR YOUR DEGREE?    ASSOCIATE    BACHELOR

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

LIST ANY LANGUAGES YOU SPEAK/READ:

## WORK INTEREST

POSITION APPLIED FOR	LOCATION PREFERRED	MINIMUM SALARY	TYPE OF EMPLOYMENT DESIRED			EARLIEST AVAILABILITY DATE
			<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY	/ /
HAVE YOU EVER FILLED OUT AN APPLICATION WITH TRANSPORT GRAPHICS, INC. BEFORE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO, WHEN? / /	
HAVE YOU EVER BEEN INTERVIEWED BY TRANSPORT GRAPHICS, INC. BEFORE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO, WHEN? / /	
ARE YOU WILLING TO WORK ROTATING SHIFTS INCLUDING NIGHTS AND WEEKENDS?						
TRANSFER TO ANOTHER CITY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	STATE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	COUNTRY?		<input type="checkbox"/> YES <input type="checkbox"/> NO
BRIEFLY STATE YOUR REASONS FOR INTEREST IN EMPLOYMENT WITH TRANSPORT GRAPHICS, INC.						
LIST ANY AQUAINTENCES EMPLOYED BY TRANSPORT GRAPHICS, INC. (COMPANY POLICY PROHIBITS THE EMPLOYMENT OF RELATIVES, AS DEFINED IN PARAGRAPH 10 OF THE TERMS OF EMPLOYMENT)						

**EMPLOYMENT HISTORY**

LIST ALL PREVIOUS WORK EXPERIENCE AND PERIODS OF UNEMPLOYMENT, BEGIN WITH PRESENT POSITION AND WORK BACK TO YOUR FIRST POSITION. IF YOU LIKE, YOU MAY ALSO E-MAIL YOUR RESUME. IF THERE ARE PERIODS OF MORE THAN ONE MONTH THAT YOU WERE SELF EMPLOYED OR UNEMPLOYED, LIST NAMES AND ADDRESSES OF PEOPLE WHO CAN VERIFY YOUR ACTIVITIES DURING THESE PERIODS.

FROM MO / YR	TO MO / YR	EMPLOYER ADDRESS AND TELEPHONE NUMBER	SALARY	JOB TITLE AND DESCRIPTION	SPECIFIC REASON FOR LEAVING
/	/	_____		_____	_____
/	/	_____		_____	_____
/	/	_____		_____	_____
/	/	_____		_____	_____
/	/	_____		_____	_____
/	/	_____		_____	_____

**MILITARY SERVICE**

BRANCH	GRADE AND RANK	NATURE OF DUTY OR TRAINING	INDUCTION DATE	SEPARATION DATE
PRESENT SELECTIVE SERVICE CLASSIFICATION	TYPE OF DISCHARGE OR SEPARATION	IF PRESENT SELECTIVE SERVICE CLASSIFICATION IS 1Y OR 4F, PLEASE STATE THE REASON		

**TERMS OF EMPLOYMENT**

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Transport Graphics, Inc. (herin referred to as the company) to verify such information and to contact any references given by me. Should I be employed by the company, I agree that:

1.> My employment shall be in accordance with the terms of (A) this application, (B) company rules and regulations and any amendments therto and (C) any applicable labor agreement. The company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in affect.

2.> My employment may be terminated by the company at any time without advance notice. Its only obligation being to pay wages or salary earned to date of termination. Without limitation, failure to abide by company rules and regulations, failure to pass any company physical examination and the falsification of any information given by me in this application will entitle the company to terminate my employment.

3.> I will submit to medical examination(s) by a physician appointed by the company at such time(s) as it may request, and will submit to such examinations before making any claim against the company for injuries suffered in connection with my employment.

4.> I agree that employment may be contingent upon my meeting all placement considerations, including medical requirements.

5.> All right, title and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the company's business or affect or relate to the industry shal vest in the company and I shall have no personal right, title or interest whatsoever thereafter.

6.> The company, and any person or concern it may authorize, shall be entitled, without further concent, to copyright, sell or use in any manner any picture or photograph of me.

7.> If any injury to me or death in connection with my employment shall be subject to workman's compensation laws. I waive for myself my heirs and representatives, all actions at law against the company for damages for such as injury or death and agree to accept the applicable compensation provided for by the laws of the state in which I am stationed in at the time of such injury or death.

8.> The company shall have the right at any time after the termination of my employment to furnish others information of my employment record with the company, including the information contained in this appliication.

9.> I agree not to disclose any of the companys trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**CONSENT OF PARENT OR GUARDIAN (WHERE REQUIRED BY STATE LAW IF APPLICANT IS UNDER 21 YEARS OF AGE)**

I, THE UNDERSIGNED BEING THE PARENT OR GUARDIAN OF THIS APPLICANT, IN CONSIDERATION OF THE PREMISES, DO HERBY CONSENT TO THE ABOVE AGREEMENT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
RELATIONSHIP

**YOU MAY FAX THIS APPLICATION TO TRANSPORT GRAPHICS, INC. AT (763) 728.5037**