



APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE)				
ADDRESS	APT. NO.	CITY	STATE	ZIP
EMAIL ADDRESS	MOBILE PHONE		HOME PHONE	
ARE YOU 18 YEARS OR OLDER?		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE OTHER NAMES UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

DESIRED EMPLOYMENT

POSITION	SHIFT(S) <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO COLOR INK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR COLOR INK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR			
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> AGENCY <input type="checkbox"/> WEBSITE <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER _____			

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SPECIFIC STUDIES
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS,
STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR MOST RECENT EMPLOYER			
ADDRESS	CITY	STATE	ZIP
START DATE	END DATE	JOB TITLE	
CAN WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
START DATE	END DATE	JOB TITLE	
CAN WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
START DATE	END DATE	JOB TITLE	
CAN WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO,
WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE NUMBER	YRS. KNOWN
1				
2				
3				

MILITARY

ARE YOU A VETERAN?

YES NO DO NOT WISH TO ANSWER

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the release of information to Color Ink related to my prior employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer I will be required to undergo a pre-employment drug screen and background check. The job offer is conditioned upon a satisfactory result. I authorize the release of the drug screen & background check results to Color Ink.
4. Regardless of whether or not I become employed by Color Ink, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at Color Ink is on an at-will basis and that my employment may be terminated with or without cause at any time and without notice, at my or Color Ink's option unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

Thank you for your interest in Color Ink, Inc.

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRE (DATE) FOR DEPT.	FOR POSITION
SALARY/WAGES	

APPROVED 1	EMPLOYMENT RECRUITER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE