Sharprint	APPLICATION FOR EMPLOYMENT
4200 West Wrightwood, Chicago, Illinois 60639 773-862-9300	Date:
Please complete all sections. Incomplete applications w	ill not be considered.
PERSONAL INFORMATION (Please Print)	
Name	
Address	
Telephone No. (home)	(work)
Are you legally eligible for employment in the United State (Proof will be required if hired.)	es? Yes No
Are you less than 18 years of age? Yes (Note: We comply with State and Federal child labor regu	No
EMPLOYMENT DESIRED	
Position(s) applied for:	Salary Desired:
For what type of work are you applying (Check all that app Full-Time Part-Time	bly)
If hired, on what date can you start work?	How many hours per week are you available?
Please list the days and times you would be available for w	zork:
If hired, can you work overtime? 🗖 Yes 🛛 No	
Have you applied for employment with Sharprint before?	Yes No If yes, date:
Have you previously worked with Sharprint? Yes	No If yes, when? :
Position held:	Reason for leaving:
Do you know anyone currently working for Sharprint?	Yes No
If yes, who and how:	
Have you been convicted of or pleaded guilty or no contest	t to a crime, other than minor traffic violations? Yes No
If yes, describe in full:	

(Note: You are not required to disclose information regarding sealed or expunged records of convictions or arrests. An applicant will not be denied employment solely on the grounds of a conviction. The nature of the offense, the date, the surrounding circumstances and the relevance to the position applied for may, however, be considered.)

Have you served in the United States military? Yes \_\_\_\_\_ No\_\_\_\_\_

Describe any special military training you have had:

## **EMPLOYMENT HISTORY**

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide the following information concerning each of your employers, starting with your present or most recent position.

DATES FROM-TO	COMPANY NAME & ADDRESS	PHONE NUMBER	JOB TITLE & JOB DUTIES	SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING

If there have been any gaps in your employment during the last ten years, please provide the date of and the reason for the gaps in the space provided below.

If applying for a factory position, do you experience with the following:

Welding	Yes	No
Electrical	Yes	No
Machine Repair	Yes	No
Painting	Yes	No
Stamping Press	Yes	No

## EDUCATIONAL BACKGROUND

SCHOOL	NAME & LOCATION	NUMBER OF YEARS COMPLETED (Do NOT write dates attended)	DID YOU GRADUATE?
HIGH SCHOOL			
TECHNICAL SCHOOL			
COLLEGE			
OTHER			

Please set forth any additional relevant information such as special skills or knowledge, that would assist us in making our decision whether to hire you:

## REFERENCES

Please list three people, who are not related to you and who are not previous supervisors, that you have known for at least one year, and whom we may contact as additional references.

NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER	ADDRESS

## **APPLICANT'S STATEMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by Sharprint ("the Company.")

I authorize the Company to personally contact my former employers and references to obtain relevant information about my qualifications for employment. I hereby release and authorize my former employers and references to provide lawful information about me to the Company.

I understand that <u>nothing contained in this application, or conveyed during any interview which may be granted, is intended to</u> <u>create or does create an employment contract</u>. I further understand that if I am hired, my employment will be at-will, which means that it is for no definite period and may be terminated at any time, without cause or prior notice, at the option of either myself or the Company.

I understand that if I receive an offer of employment, it will be conditioned on my taking a drug/alcohol test. I further understand that, should this test indicate the presence of drugs in my system or that I am under the influence of alcohol, it may result in the rejection of my application for employment or my immediate discharge, if detected, discovered or reported after hire. I consent to this testing and examination and request that the results of such test(s) and examination be disclosed to the Company and I hereby release the Company, its employees and its agents from any and all legal liability flowing from my taking such test(s) and examination or my failure or refusal to take such test(s) or examination.

I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

If hired, I agree to abide by all Company work rules, policies and procedures relating to work performance and conduct.

I understand that the Company will consider this application only if there is a position currently open, and that I will have to complete a new application if I want to be considered for employment after that period of time.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE WITH REGARD TO RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, CITIZENSHIP, HANDICAP OR DISABILITY, AGE, VETERAN STATUS, MARITAL STATUS, SEXUAL ORIENTATION, OR ANY OTHER STATUS PROTECTED BY LAW WITH REGARD TO ANY EMPLOYMENT DECISIONS.