



EMPLOYMENT APPLICATION

EQUAL EMPLOYMENT STATEMENT

PRINTRON is an Equal Employment Opportunity Employer. The Company prohibits any practice that in any way discriminates against any employee or applicant for employment because of an individual's race, color, religion, national origin, marital status, prior military service, gender, sexual orientation, arrest/conviction record, age, or disability as provided by law. The company also prohibits any type of sexual, religious or national origin harassment, whether verbal or physical in nature.

The following information helps us make the best possible placement within our company. You must complete all portions of this application which pertain to the position you are seeking.

PERSONAL

Name _____ Personal Phone Number _____ Date of Application _____

Street Address _____ Cell Phone Number _____

City _____ State _____ Zip _____ Email Address _____

Type of employment (check all that apply) Full-time Part-time Salaried Hourly Summer Position

Is there a shift you are not available to work? 1stShift 2nd Shift 3rd Shift Rotating Shifts Available for any/all

What date are you available to start work? _____

Are you a U.S. citizen or do you have authorization to work for PRINTRON on a full-time basis without the need for PRINTRON to sponsor? Yes No

Proof of authorization to work will be required if you are employed by PRINTRON. If you are not a U.S. citizen and your answer was **Yes** to the previous question, please list the type of visa: _____

Have you previously worked for PRINTRON? If Yes, where? _____

EMPLOYMENT BACKGROUND

Start Date	End Date	Employer	Position
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Description of Duties

Start Date	End Date	Employer	Position
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Description of Duties

Start Date	End Date	Employer	Position
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Description of Duties

EDUCATION

CHECK THE HIGHEST GRADE COMPLETED	SCHOOL	DID YOU GRADUATE?
HIGH SCHOOL 9 10 11 12		
COLLEGE 1 2 3 4 5+		
GRADUATE SCHOOL 1 2 3 4+		
APPRENTICE, BUSINESS OR VOCATIONAL SCHOOL		

If you did not complete high school, have you earned a GED or HSED? Yes No

EMPLOYMENT OBJECTIVES

What specific position are you seeking?

What do you expect to earn for this work?

Per _____

What other type of work is of interest to you? _____

REFERRAL SOURCE

Newspaper: _____
Employee Referral (provide Employee Name) _____

Walk-In

Government Agency

Other: _____

Temp/Recruiting Agency: _____

Employment Website: _____

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of PRINTRON for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to PRINTRON, including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to PRINTRON from any and all liability for any damage for giving this information.

I understand that if any of the information I have given on this application form or any other document or form related to the employment process is discovered to be incorrect, false or misleading, or if there are any misrepresentations or omissions of any kind whatsoever, then PRINTRON may deny me employment or terminate my employment, and I agree that PRINTRON shall not be liable in any respect if it does so.

I also understand that any offer of employment I may receive from PRINTRON is contingent upon my successful completion of pre-employment physical, if required, and drug test and upon an investigation of my work, educational and criminal records and references. I understand that a positive pre-employment drug test will result in me not being hired by PRINTRON. I consent to such drug test and any other pre-employment medical examination or such job-related future medical examinations as may be required by PRINTRON, which may include drug and/or alcohol tests.

I understand that I am required to participate in a payroll direct deposit program, unless prohibited by state law.

I understand that if I am employed by PRINTRON, any such employment is not binding on either party for any specific period of time. I further understand that no representative of PRINTRON, other than the President, has any authority to enter into any contract of employment for any specified period of time, and that any such contract must be in writing and signed by the President. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of PRINTRON is invalid and should not be relied on by me.

I further understand that, throughout my employment I will remain an at will employee, meaning that either PRINTRON or I may terminate that employment relationship at any time, for any reason, without liability to either party. I also understand that PRINTRON may change my wages, benefits or conditions of employment at any time.

I understand PRINTRON is an equal employment opportunity employer, and I agree that if I am employed at PRINTRON I will comply with its EEO policy which prohibits any form of discrimination, retaliation or harassment on the basis of any protected status under law.

Signature _____ Date _____