



# Employment Application

Be sure you read all instructions carefully. Please print in dark ink or type. Complete all pages of this application. Incomplete and/or unsolicited applications will not be considered.

## Applicant General Information

Name _____			Date: _____
_____ Last	_____ First	_____ MI	
Address: _____			
_____ Street Address	_____ City	_____ State	_____ Zip Code
Home Telephone: ( ) -	Work Telephone: ( ) -	Cell / Other Number: ( ) -	
Preferred Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Best Time of day to call:		
Email Address: _____			

## Position / Placement Information

Position applied for: _____	Desired Salary: _____
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
What date are you available to start work?	
What schedule are you available to work? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Please state specific hours you can work:	
Are you willing to work additional hours/overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many?	
What language(s) do you speak or write fluently? <span style="float: right;"><i>Most positions require proficiency in English</i></span>	
How were you referred to APG or its affiliated entities?	
<input type="checkbox"/> Employee Referral	_____ Name
<input type="checkbox"/> Newspaper/Radio	_____ Name of Newspaper/Radio
<input type="checkbox"/> Internet	_____ Name of Internet Site
<input type="checkbox"/> Other	_____ Please Specify

**Adams Publishing Group, LLC is an equal opportunity employer.** APG is committed to providing equal employment opportunity to all qualified applicants and employees without regard to sex, race, color, national origin, age, religion, disability, sexual orientation, marital status, or other protected class status.

## Additional Information

Have you ever worked for APG or any of its affiliated entities before?  Yes  No

If yes, please provide information:

Entity: \_\_\_\_\_ Location: \_\_\_\_\_

Dates worked: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name worked under at APG or any of its affiliated entities (if different from current name):  
 \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally authorized to work in the U.S.?  Yes  No

Will you now or in the future require sponsorship for an H – 1B or other type of employment visa status?  Yes  No

## Educational Background

List all schools (starting with High School) that you have attended:

<u>Name of School</u>	<u>Location</u>	<u>Year</u>	<u>Diploma/GED Degree/Certificate</u>	<u>Major Course of Study</u>
			High School Diploma or GED	Not Applicable

PC Skills:

I use the PC:	I think my PC skills are:
<input type="checkbox"/> 0-1 times/week	<input type="checkbox"/> Beginner
<input type="checkbox"/> 3 times/week	<input type="checkbox"/> Intermediate
<input type="checkbox"/> 5+ times/week	<input type="checkbox"/> Advanced

Software Knowledge – Please list (i.e. Word, Excel, PowerPoint, Outlook, industry specific software, etc.)  
 \_\_\_\_\_

Describe other special knowledge, skills, and/or individual capabilities you have which especially prepare you for the position applied:

## Employment History

Please list your work experience beginning with your most recent employer. If additional positions were held, please attach your resume.

Company Name:		Telephone Number:		Dates Employed (Mo/Yr): From _____ to _____	
Street Address			City	State	Zip
May we contact this employer? <input type="checkbox"/>	Supervisor		Base Pay Starting: _____ Ending: _____		
Job Title and Responsibilities			Reason for leaving:		
Company Name:		Telephone Number:		Dates Employed (Mo/Yr): From _____ to _____	
Street Address			City	State	Zip
May we contact this employer? <input type="checkbox"/>	Supervisor		Base Pay Starting: _____ Ending: _____		
Job Title and Responsibilities			Reason for leaving:		
Company Name:		Telephone Number:		Dates Employed (Mo/Yr): From _____ to _____	
Street Address			City	State	Zip
May we contact this employer? <input type="checkbox"/>	Supervisor		Base Pay Starting: _____ Ending: _____		
Job Title and Responsibilities			Reason for leaving:		

## References

Please list 3 professional references. (Do not include relatives)

Name	Title	Address	Phone	Email	Years Known

## Background Information

Have you ever been discharged from any position?  Yes  No

If **YES**, please explain:

Have you pled guilty to, pled no contest to, or been convicted of any crime, including but not limited to any summary offenses, misdemeanors, or felonies in the last 7 years for which the record has not been sealed or expunged, including driving violations? Some examples include, but are not limited to Underage Drinking, DUI, Reckless and/or Careless Driving, and Disorderly Conduct.  Yes  No

Note that a guilty plea, no contest plea, or conviction of a crime is not an absolute bar to employment with APG. Your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense and relation to your suitability for the position for which you are applying.

If **YES**, please explain all (include crime, date(s) and location(s)):

State any additional information you feel may be helpful to us in considering your application:

## Please Read Before Signing - Acknowledgement

1. I understand that nothing contained in this form or in the entire application process (including employment interview) is intended to establish an employment contract between me and the company. I have received no verbal promises regarding employment, and recognize that no such guarantee is binding upon the company unless made in writing. I understand that, if employed, my employment is "at will" which means I may terminate my employment at any time, for any reason, with or without cause, and with or without advance notice, and that the company has the same right.
2. If I am offered and accept a position, I understand that I will be required to provide documents that establish my identity and my employment eligibility in accordance with the Immigration Reform and Control Act of 1986.
3. I further understand that the accuracy and completeness of my statements will be relied upon by APG and its affiliated entities. I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed. I hereby authorize investigation of all statements contained in this application and/or resume and permit APG and its affiliated entities to obtain any transcripts, records, or documents pertaining to any background and experience referenced herein. I agree to release APG and its affiliated entities and current and past employers or other entities of any liability arising from such investigation.
4. I certify that the information provided on this application (and accompanying resume, if any) is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may result in my dismissal from employment, if discovered at a later date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_