

Application for Employment

comgraphx	Application for Emplo	yment	Office Use Only	Date: Reviewed By:
Position You Are Applying For:		De	sired Salary:	
Date Available for Work:		W	no Referred:	
Employment Desired: 🗌 Full-Tin	ne Part-Time Ho	w many h	rs/ week can	you work?
Are You Over the Age of 18?	Yes 🗌 No			
PERSONAL INFORMATION				
Last Name	First Name		Middle	5
Address	City		State	Zip
Home Phone: 0	Cell: Email A	Address:		
Social Security Number:				
Are you a U.S. Citizen? 🔲 Yes	No			
If the answer is "No", are you	•			🗌 Yes 🗌 No
If "Yes", can you provide proof	of your eligibility to work?	Yes	No No	
Have you ever been convicted of a	felony? 🗌 Yes 🗌 No			
Have you ever been, or are you cu	rrently in the Armed Force	🗌 Yes	5 🗌 No	
Service Branch:	Specia	lty:		
Date Entered:	Date of Seperation:			
Discharge Type: 📃 Honorab	le 🛛 🗌 General – Under Hon	orable Co	nditions	
Other	Explain:			
EDUCATION Other	Explain:			
	Explain:	Years Attended	D	Degree or Major
EDUCATION			D	egree or Major
EDUCATION			D	Pegree or Major
EDUCATION			D	begree or Major
EDUCATION School Name			D	Degree or Major
EDUCATION School Name REFERENCES	Location	Attended		
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EDUCATION School Name REFERENCES	Location	Attended		
EDUCATION School Name REFERENCES Name	Location	Attended	ompany	
EDUCATION School Name REFERENCES Name EMPLOYMENT Employer: Work Phone:	Location	Attended	ompany	Phone
EDUCATION School Name REFERENCES REFERENCES EMPLOYMENT Employer: Work Phone: Address:	Location	Attended	ompany	Phone Phone to Year
EDUCATION School Name REFERENCES Name EMPLOYMENT Employer: Work Phone: Address: City:	Location Location Title Dates E Pay Rate:	Attended	ompany	Phone
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EDUCATION School Name REFERENCES Name EMPLOYMENT Employer: Work Phone: Address: City: Position: Duties Performed:	Location	Attended	ompany	Phone Phone to Year
EDUCATION School Name REFERENCES REFERENCES EMPLOYMENT Employer: Work Phone: Address: City: Position:	Location	Attended	ompany	Phone Phone to Year

Employer: Dates Employed: to Work Phone: Pay Rate: Hour Month Year Address: Zip: City: State: Position: Duties Performed: Supervisors Name and Title: State: Reason for Leaving: May we contact them? May we contact them? Yes No EMPLOYMENT Employer: Dates Employed: To Year Address: to City: Pay Rate: Pay Rate: Hour Month Year Address: to City: State: Zip: City: Pay Rate: Hour Month Year Address: City: City: State: Zip: City: Position: Duties Performed: Supervisors Name and Title: Reason for Leaving: May we contact them? Yes No PLEASE READ CAREFULLY APPLICATION FORM WAIVER As indication that you have read and understood each sentence, please write your initials in the spaces provided below. Luderstand that, in connection with the routine processing of my employment application, Compreption may request from a consumer reporting
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agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living Upon written request from me, Comgraphx will provide me with additional information concerning the nature and scope of
any such report requested by it, as required by the Fair Credit Reporting Act.
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified
statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have,
personal or otherwise, and release Comgraphx from all liability for any damage that may result from utilization of such information.
I also understand and agree that no representative of Comgraphx has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
Signature of Applicant: Date:
Comgraphx is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, veterans, age or disability. We assure you that your opportunity for employment with Comgraphx depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.