



513.271.3800 - o 513.271.5963 - f

DATE:								ONE. PLEASE INFORM THE THE APPLICATION OR INTER	
APPLICANT NAME:	(PLEASE PROVIDE FULL LEGAL NAME		SOCIAL SECU	RITY #:				POSITION APPLIED FOR: DATE AVAILABLE TO START: _	
MAIN ADDRESS:			DRIVERS LIC	ENSE #:					O FULL TIME
				PHONE:					O PART TIME
									TEMPORARYSEASONAL
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUE AN AUTOMATIC REJECTION OR EMPLOYMENT. DATE OF THE OFFESNSE,	HAVE YOU I	OU LEGALLY ALLOWED TO BE E	C PERMIT - CAN YOU FL GRAPHICS CORPORATI J A CITIZEN OF THE UNI MPLOYEED IN THE UNI	ON BEFORE? TED STATES? TED STATES?	YES YES YES	NONONONONO	IF NO -	PLEASE EXPLAIN:	
RIOUSNESS AND NATURE OF THE VIOLATION, REHABILLIATION, AND POSITION APPLIED FOR WILL BE CONSIDERED.	HAVE YOU EVER	R PLED "GUILTY," "NO CONTEST	", OR BEEN CONVITED	OF A CRIME?	YES	O NO	IF YES -	PLEASE INCLUDE DETAILS AND I	DATES:
EDUCATION:									
HIGH SCHOOL:				ADDRESS: _					
DID YOU GRADUATE	E: O YES O NO DA	ATE OF GRADUATION::		GPA:		CLASS RAI	NK:	MAJOR:	
COLLEGE/UNIVERSI									
DID YOU GRADUAT	E: O YES O NO D	EGREE EARNED		GPA:		CLASS RA	NK:	MAJOR:	
OTHER:				ADDRESS:					
DID YOU GRADUAT	TE: O YES O NO D	DEGREE EARNED:		_ GPA:		CLASS RA	NK:	MAJOR:	
DEFENSAGE									
NAME	ADDF	•	ELEPHONE NUMBER:	S OF THREE F	PEOPLE T	o whom	OU ARE	RELATIONSHIP	TELEPHONE ()
									()
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SUMMARIZE	YOUR SKILLS O	R QUALIFICATIO	NS:						

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PREVIOUS EN	/IPLOYMENT:	(MOST RECENT FIRST)	
DATES OF EMPLOYMENT:	FIRM:		POSITION HELD:
FROM:	MAIN ADDRESS:		_
TO:			MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? O YES ONO
			SUPERVISOR:
	STARTING SALARY	TITLE:	
			_
PLEASE LIST YOUR DUTIES:			EMAIL:
DATES OF FLADI OVA 45-117	FIRM:		POSTION LIFE D
DATES OF EMPLOYMENT:			POSITION HELD:
FROM:	MAIN ADDRESS:		MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? O YES O NO
TO:			-
			SUPERVISOR:
		TITLE:	
	ENDING SALARY:	TITLE:	PHONE:
PLEASE LIST YOUR DUTIES:			EMAIL:
			_
DATES OF EMPLOYMENT:	FIRM:		POSITION HELD:
FROM:	MAIN ADDRESS:		_
TO:			MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? O YES ONO
			SUPERVISOR:
	STARTING SALARY:	TITLE:	— TITLE:
		TITLE:	
PLEASE LIST YOUR DUTIES:			EMAIL:
I certify that	t my answers a	re true and complete to the best of my knowle	edge. I authorize you to make such investigations and

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release emplyers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

SIGNATURE OF APPLICANT:	PRINT NAME: _	
DATE:		