

GRAPHIC PRODUCTS EMPLOYMENT APPLICATION

To the applicant: Thank you for your interest in Graphic Products. Your application will receive consideration without regard to race, creed, color, sex, age, national origin or disability. To enable us to properly and fairly evaluate your application, please answer all of the questions as carefully and completely as possible.

Personal Data	
Name:	Telephone:
Address:	
<i>Position applied for:</i>	<i>Pay/Income expected:</i>
<i>Today's Date:</i>	<i>When could you start?</i>
In Case of Emergency, notify:	Relationship:
Address:	Telephone:

Employment Record
<p><u>IMPORTANT!</u> Please read and comply with instructions below:</p> <p>Please provide information covering your employment history. List your last five jobs and all jobs that you have had in the last 15 years. Include periods of full-time volunteer and/or military service, if any. Note any gaps in your employment. Begin with your most recent (or current) job and work back.</p> <p>NOTE: PLEASE INCLUDE YOUR TOTAL REMUNERATION (INCLUDING WAGES, SALARY, COMMISSIONS, BONUSES, ETC.) IN THE SECTIONS LISTED AS "STARTING PAY" AND "LAST PAY". EXPRESS THIS IN TOTAL DOLLAR AMOUNTS AS IN "\$30,000" NOT AS "20,000+COMMISSION". DO NOT INCLUDE REIMBURSEMENTS FOR JOB-RELATED EXPENSES SUCH AS TRAVEL COSTS.</p>

Current or Most Recent Employer					
From (Mo/Yr)	To Mo/Yr	Starting Pay	Last Pay	Reason for Leaving	Name of Supervisor
/	/				
Company Name & Address (list address you physically worked at; if company HQ is different, also list that city & state)					
Type of Business				Tel. No.	
In detail, describe your duties					

From (Mo/Yr)	To Mo/Yr)	Starting Pay	Last Pay	Reason for Leaving	Name of Supervisor
/	/				
Company Name & Address (list address you physically worked at; if company HQ is different, also list that city & state)					
Type of Business				Tel. No.	
In detail, describe your duties					

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/	/				
Company Name & Address (list address you physically worked at; if company HQ is different, also list that city & state)					
Type of Business				Tel. No.	
In detail, describe your duties					

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Type of Business				Tel. No.	
In detail, describe your duties					

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/	/				
Company Name & Address (list address you physically worked at; if company HQ is different, also list that city & state)					
Type of Business				Tel. No.	
In detail, describe your duties					

- a) May we contact these employers? (Yes or No) _____
- b) List by name any previous employer you do not wish us to contact: _____
- c) Is there anything further we should know about your employment history? (Other jobs, periods of unemployment, etc.)

Self-Assessment (All applicants should answer regardless of what position you are applying for)

- a) What do you think are your greatest strengths as a salesperson? _____

- b) What do you think are your weaknesses as a salesperson? _____

- c) What else could you tell us which might enable us to make a more accurate assessment of your qualifications to work for our company? _____

General Information

- a) Can you furnish proof of age, if necessary, to comply with legal restrictions? (Yes or No) _____
- b) What prompted you to apply to Graphic Products? _____
- c) Are you familiar with computers? _____
- d) How many words per minute do you type? _____
- e) Have you ever been convicted of a misdemeanor or a felony? (Yes or No) If so, please explain: _____

Personal References - Do not list relatives or former employers			
Name	Address	Phone #	Relationship

Education				
	Name/City/State	Major Field	Graduate?	Degree/Certificate
Elementary				
High School				
College				
Other				

Address History (Please go back 7-10 years. Use back of page, if nec.)	
Date of Residency	Address of Residency including state and zip code

Please read the completed application over carefully before signing it below:

The answers to the above questions are true and complete. I understand that any inaccurate or misleading information will cause rejection of this application or dismissal. I grant permission for Graphic Products to investigate my references and I authorize my references to provide information to Graphic Products.

Should employment be offered to me by Graphic Products, I agree that my employment will be at-will and can be terminated with or without cause, and with or without notice, at any time at the option of either Graphic Products or myself.

I understand that a condition of employment at Graphic Products is signing a two year "Confidentiality and No-Compete Agreement." I understand that I will be asked to sign that document either on my first day of employment or sooner. I acknowledge that I am being notified of the Confidentiality and No-Compete Agreement now in accordance with ORS 653.295(1)(a)(A).

Signature

Date
