



## APPLICATION FOR EMPLOYMENT

*Resumes are not accepted in lieu of a completed application*

**IMPORTANT:** Read terms of employment carefully. Double check all answers before submitting. All information on this application will be treated confidentially. **FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE OR SEX.**

### PERSONAL INFORMATION

Name <i>(Last, First, Middle)</i>		Social Security Number	
E-Mail Address		Home Telephone Number <i>(Include Area Code)</i>	
Mailing Address		Alternate Telephone Number <i>(Include Area Code)</i>	
City	State	ZIP Code	
Title of Position(s) Applied For	Are you above the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Position for Which You Are Available <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			
Have you ever been convicted of a law violation since age 16? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," please describe.)</i>			
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," please provide company name and details.)</i>			
Do you have any relatives employed by Transport Graphics Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Company policy prohibits the employment of relatives, as defined in paragraph 10 of the terms of employment)</i>			
Have you any objection to this company making inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### SKILLS

What office equipment can you operate efficiently?

Adding Machine     Keypunch     Calculator     Teletype     Typing W.P.M. \_\_\_\_\_    Shorthand W.P.M. \_\_\_\_\_    Speedwriting W.P.M. \_\_\_\_\_

List software at which you are proficient.

### EDUCATION

Are you a High School graduate or do you have an equivalency (GED) certificate?  Yes  No

College Attended *(Name and Address)*

Total College Semester Hours	Major	Degree Earned
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### CERTIFICATES/LICENSES #:

*Attach a copy of each certificate/license to practice a profession or occupation, as related to this position.*

## EMPLOYMENT RECORD

Describe in detail all positions that you have had during the last five (5) years, starting with most recent employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary.

Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job
Employer		
Supervisor <i>(Name and Title)</i>		
Employer Address		
City, State and Zip		
Job Title	Monthly Salary	
Reason for Leaving		
Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job
Employer		
Supervisor <i>(Name and Title)</i>		
Employer Address		
City, State and Zip		
Job Title	Monthly Salary	
Reason for Leaving		
Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job
Employer		
Supervisor <i>(Name and Title)</i>		
Employer Address		
City, State and Zip		
Job Title	Monthly Salary	
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Dates Employed <i>(Month and Year)</i> From: _____ To: _____		Describe Duties of Job
Employer		
Supervisor <i>(Name and Title)</i>		
Employer Address		
City, State and Zip		
Job Title	Monthly Salary	
Reason for Leaving		

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Transport Graphics, Inc. (herin reffered to as the company) to verify such information and to contact any refferences given by me. Should I be employed by the company, I agree that:

- 1.> My employment shall be in accordance with the terms of (A) this application, (B) company rules and regulations and any amendmets therto and (C) any applicable labor agreement. The company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in affect.
- 2.> My employment may be terminated by the company at any time without advance notice. Its only obligation being to pay wages or salary earned to date of termination. Without limitation, failure to abide by company rules and regulations, failure to pass any company physical examination and the falsification of any information given by me in this application will entitle the company to terminate my employment.
- 3.> I will submit to medical examination(s) by a physician appointed by the company at such time(s) as it may request, and will submit to such examinations before making any claim against the company for injuries suffered in connection with my employment.
- 4.> I agree that employment may be contingent upon my meeting all placement considerations, including medical requirements.
- 5.> All right, title and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the company's business or affect or relate to the industry shal vest in the company and I shall have no personal right, title or interest whatsoever thereafter.
- 6.> The company, and any person or concern it may authorize, shall be entitled, without further concent, to copyright, sell or use in any manner any picture or photograph of me.
- 7.> If any injury to me or death in connection with my employment shall be subject to workman's compensation laws. I waive for myself my heirs and representatives, all actions at law against the company for damages for such as injury or death and agree to accept the applicable compensation provided for by the laws of the state in which I am stationed in at the time of such injury or death.
- 8.> The company shall have the right at any time after the termination of my employment to furnish others information of my employment record with the company, including the information contained in this appliication.
- 9.> I agree not to disclose any of the companys trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.
- 10.> I understand that relatives of employees of Transport Graphics, Inc. or any susidary of, are not eligible for employment. For the purpose of this policy, relatives are defined as parents (natural or step) or legal guardians, spouse, natural, adopted or step children, brothers (natural, half or step), sisters (natural, half or step), mothers-in-law, fathers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law. The terms "brothers-in-law" and "sisters-in-law" include individuals who are married to nautral, half or step sisters or brothers, as the case may be. I hereby affirm that I am not a realative of any employee of Transport Graphics, Inc. or any subsidiary of, as defined above. I also understand that falsification of this information in connection with employment will be grounds for immediate termination regardless of when such falsification is discovered.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CONSENT OF PARENT OR GUARDIAN (WHERE REQUIRED BY STATE LAW IF APPLICANT IS UNDER 21 YEARS OF AGE)

I, THE UNDERSIGNED BEING THE PARENT OR GUARDIAN OF THIS APPLICANT, IN CONSIDERATION OF THE PREMISES, DO HERBY CONSENT TO THE ABOVE AGREEMENT.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
RELATIONSHIP

YOU MAY FAX THIS APPLICATION TO TRANSPORT GRAPHICS, INC. AT (417) 831-3382