



EMPLOYMENT APPLICATION

NAME - LAST FIRST MIDDLE

ADDRESS

TELEPHONE NUMBER () SOCIAL SECURITY NUMBER - - I AM 18 YEARS OR OLDER
 YES ☐ NO ☐

POSITION APPLIED FOR: HAVE YOU WORKED FOR PHOENIX COLOR PREVIOUSLY? DATES:
 YES ☐ NO ☐ FROM: TO:

WERE YOU REFERRED BY ANYONE CURRENTLY WORKING AT PHOENIX COLOR? YES ☐ NO ☐ IF YES, STATE NAME AND RELATIONSHIP

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES ☐ NO ☐ INDICATE IF YOU ARE A: CITIZEN ☐ RESIDENT ☐ OTHER ☐
 IF YOU CHECKED OTHER PLEASE SPECIFY BELOW (PHOENIX COLOR RESERVES THE RIGHT TO REQUEST APPROPRIATE DOCUMENTATION)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ☐ NO ☐ DO YOU NOW HAVE CHARGES PENDING AGAINST YOU? YES ☐ NO ☐

ARE YOU CURRENTLY UNDER THE SUPERVISION OF A COURT APPOINTED PERSON? YES ☐ NO ☐

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN FULLY BELOW:

ARE YOU NOW TAKING DRUGS WHICH HAVE NOT BEEN PRESCRIBED BY A DOCTOR OR ARE SOLD IN A PHARMACY? YES ☐ NO ☐
 HAVE YOU EVER BEEN IN A SUBSTANCE ABUSE REHABILITATION PROGRAM? YES ☐ NO ☐ IF YES, GIVE DETAILS BELOW.
 ARE YOU NOW IN A SUBSTANCE ABUSE REHABILITATION PROGRAM? YES ☐ NO ☐ IF YES, GIVE DETAILS BELOW.
 DO YOU CURRENTLY SMOKE TOBACCO? YES ☐ NO ☐

PHOENIX COLOR RESERVES THE RIGHT TO REQUIRE A SUBSTANCE ABUSE TEST PRIOR TO EMPLOYMENT AND TO PERFORM RANDOM DRUG AND ALCOHOL TESTING AT A FUTURE DATE IF IT EMPLOYS YOU.

PHOENIX COLOR RESERVES THE RIGHT TO REQUIRE A PHYSICAL EXAMINATION OF ANY APPLICANT, PRIOR TO EMPLOYMENT. HAVE YOU BEEN PROVIDED WITH A DESCRIPTION OF THE FUNCTIONS OF THE JOB FOR WHICH YOU APPLIED?

(1) ARE YOU CURRENTLY TAKING ANY MEDICATION PRESCRIBED BY A DOCTOR WHICH COULD IMPAIR YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED? YES ☐ NO ☐
 (2) ARE YOU PHYSICALLY AND MENTALLY ABLE TO PERFORM THOSE FUNCTIONS WITHOUT REASONABLE ACCOMMODATION? YES ☐ NO ☐

IF YOU ANSWERED NO, EXPLAIN BELOW:

PLEASE NOTE: ANSWERING YES TO QUESTIONS 1 OR NO TO QUESTION 2 WILL NOT AUTOMATICALLY DISQUALIFY YOU AS A CANDIDATE FOR EMPLOYMENT.

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	YEARS COMPLETED	MAJOR	DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL SCHOOL OR CURRICULUM				



Phoenix Color

EMPLOYMENT APPLICATION CON'T. ***EMPLOYMENT HISTORY - LIST MOST RECENT POSITION FIRST***

DATES OF EMPLOYMENT		POSITION	LAST SALARY \$
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FROM:	TO:		
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FIRM NAME	NATURE OF BUSINESS
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ADDRESS

NAME OF IMMEDIATE SUPERVISOR	PHONE NUMBER
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ARE YOU CURRENTLY EMPLOYED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	MAY WE CONTACT YOUR EMPLOYER IF STILL EMPLOYED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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DESCRIBE YOUR JOB:

REASON FOR LEAVING:

DATES OF EMPLOYMENT		POSITION	LAST SALARY \$
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FROM:	TO:		
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FIRM NAME	NATURE OF BUSINESS
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ADDRESS

NAME OF IMMEDIATE SUPERVISOR	PHONE NUMBER
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DESCRIBE YOUR JOB:

REASON FOR LEAVING:

DATES OF EMPLOYMENT		POSITION	LAST SALARY \$
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FROM:	TO:		
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FIRM NAME	NATURE OF BUSINESS
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ADDRESS

NAME OF IMMEDIATE SUPERVISOR	PHONE NUMBER
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DESCRIBE YOUR JOB:

REASON FOR LEAVING:

DATES OF EMPLOYMENT		POSITION	LAST SALARY \$
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FROM:	TO:		
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FIRM NAME	NATURE OF BUSINESS
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ADDRESS

NAME OF IMMEDIATE SUPERVISOR	PHONE NUMBER
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DESCRIBE YOUR JOB:

REASON FOR LEAVING:



Phoenix Color

EMPLOYMENT APPLICATION CON'T.

DATES OF EMPLOYMENT		POSITION	LAST SALARY \$	
FROM:	TO:			
FIRM NAME			NATURE OF BUSINESS	
ADDRESS				
NAME OF IMMEDIATE SUPERVISOR			PHONE NUMBER ()	
ARE YOU CURRENTLY EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/> MAY WE CONTACT YOUR EMPLOYER IF STILL EMPLOYED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
DESCRIBE YOUR JOB:				
REASON FOR LEAVING:				

DATES OF EMPLOYMENT		POSITION	LAST SALARY \$	
FROM:	TO:			
FIRM NAME			NATURE OF BUSINESS	
ADDRESS				
NAME OF IMMEDIATE SUPERVISOR			PHONE NUMBER ()	
DESCRIBE YOUR JOB:				
REASON FOR LEAVING:				

EMPLOYMENT RELEASE AUTHORIZATION

By signing below, I hereby authorize Phoenix Color to conduct a complete investigation of my past employment and activities. I also agree to cooperate in such an investigation and I release from liability those persons giving or receiving such information.

Signature

Date

Social Security Number



CERTIFICATION AND AGREEMENT

I certify that all the information on this application is true and correct. I understand that Phoenix Color may make a thorough investigation to confirm any and all of the information provided in this employment application, and agree to hold free from liability, it and any person giving or receiving such information.

I understand that any misstatements on this application shall be the basis to prevent being employed, and should such misstatements be discovered after employment, it shall constitute the basis for my immediate dismissal.

I understand that Phoenix Color has a drug and alcohol policy which may require pre-employment testing, as well as random testing after employment, and the failure to pass such tests either prior to or subsequent to employment are grounds for immediate dismissal.

I understand that the acceptance of this application by Phoenix Color does not constitute an employment agreement or an agreement to employ me at a future date.

I further understand that if I am employed by Phoenix Color, that such employment shall be considered "at will," and may be terminated at any time by either myself or Phoenix Color with or without cause. I also acknowledge that Phoenix color may at any time change, alter, amend or discontinue, at its sole discretion, wages, benefits, and employment policies.

Signature of Applicant

Date



INTERVIEW QUESTIONS ON ABILITY

Under the American With Disabilities Act, no questions may be asked regarding an applicant's disability, only questions pertaining to an applicant's abilities to perform the job requirements are permitted.

TO BE READ TO A FACTORY WORKER APPLICANT:

The job in the factory requires you to perform certain tasks which require physical strength and physical motor capabilities.

THE FOLLOWING QUESTIONS ARE BEING ASKED TO INSURE THAT YOU CAN PERFORM THE TASKS REQUIRED BY PHOENIX COLOR. PLEASE PLACE THE APPROPRIATE NUMBER OPPOSITE THE QUESTION:

Yes - 1 No - 2 With Reasonable Accommodations - 3

1. Can you stand for 12 hours a day? ☐
2. Can you bend over to lift material? ☐
3. Can you bend at the knees to work with and lift material? ☐
4. Can you lift up to 60 pounds of material? ☐
6. Can you grasp and hold materials with both hands? ☐
7. Overtime is a regular occurrence at Phoenix Color. Can you work the required overtime? ☐
8. Phoenix Color requires employees to be on time every day. Can you meet this requirement? ☐
9. Phoenix Color requires you to come to work every day and allows 5 sick days. Can you meet this requirement? ☐
10. Can you read and understand instructions, rules and procedures? ☐
11. Your position may require you to be able to differentiate among various printed colors and hues. Can you do this? ☐

If you require reasonable accommodations to perform a task please explain and indicate the number of the question.

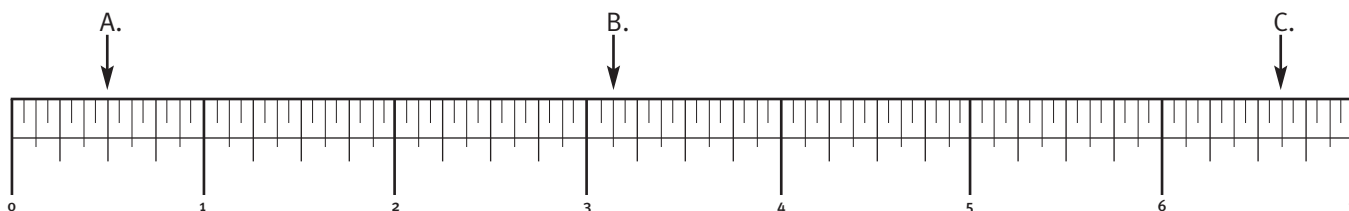
Signature of Applicant

Date



RULER TEST

Please complete this ruler test. Once finished sign and date to verify that you completed this test.



Answers:

A. _____

B. _____

C. _____

Signature of Applicant

Date