



# Gerald

Print ♦ Apparel ♦ Signs

**Gerald Printing**

105 Hunter Court  
Bowling Green, KY 42103  
Mailing Address:  
P.O. Box 51907  
Bowling Green, KY 42102-6907  
phone 270.781.4770  
fax 270.781.5403

**Franklin Office**

111 Wall Street  
Franklin, KY 42134  
phone 270.586.0005  
fax 270.586.0012

**Glasgow Office**

404 Rogers Road  
Glasgow, KY 42141  
phone 270.651.3751  
fax 270.651.6969

**Elizabethtown Office**

6270 N. Dixie Highway  
Elizabethtown, KY 42701  
phone 270.982.7279

**Russellville Office**

311 Hopkinsville Road  
Russellville, KY 42276  
phone 270.725.4300  
fax 270.726.9123

email: [info@geraldprinting.com](mailto:info@geraldprinting.com)  
[www.geraldprinting.com](http://www.geraldprinting.com)

## Application for Employment

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Referred by \_\_\_\_\_

Date Available for Work \_\_\_\_\_

Resume Enclosed  Yes  No

Gerald Printing is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, citizenship, age, marital status, or disability.



# Application for Employment

Please read these directions carefully. Answer every item on this form to the best of your ability. PLEASE PRINT all information using a dark pen. You will be given thorough consideration for any suitable vacancy, and your application will be carefully reviewed. Upon employment, your application will be kept on file at Gerald Printing. You are not required to supply any information that is prohibited by local, State or Federal law. Please let us know if you require assistance with this application.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Cell Number \_\_\_\_\_  
Other Telephone Number(s) \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Street: \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ Social Security Number \_\_\_\_\_

If younger than 18, state age here \_\_\_\_\_ Are you legally entitled to work in the United States  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a moving traffic violation?  Yes  No If yes, list all here: \_\_\_\_\_

Have your driving privileges ever been revoked or suspended?  Yes  No If yes, list all here: \_\_\_\_\_

Do you have a Commercial Driving License?  Yes  No

## EDUCATION

High School (Name, City, State) \_\_\_\_\_

Did you graduate?  Yes  No If no, last grade completed \_\_\_\_\_ G.E.D. obtained?  Yes  No Grade average: \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate?  Yes  No If no, number of hours completed \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If currently attending, date of graduation: \_\_\_\_\_

Other Education: \_\_\_\_\_

Awards, Honors, Leadership roles: \_\_\_\_\_

## MILITARY Yes No

If yes, please list your service dates in the U.S. Military: from \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Military experience that may be applicable: \_\_\_\_\_

## GENERAL EMPLOYMENT INFORMATION

Please list all of the equipment you have operated and have experience operating: (Examples: printing press, paper cutter, folder/stitcher machine, computer(s), computer programs, etc.) \_\_\_\_\_

Salary expected: \_\_\_\_\_ per hour or \_\_\_\_\_ per week. How many hours are you available to work per week? \_\_\_\_\_

Type of employment sought  Full-time  Part-time  Temporary  Summer only  As needed

Please indicate the hours you are available on each day listed below:

Monday _____ to _____ <input type="checkbox"/> Anytime	Tuesday _____ to _____ <input type="checkbox"/> Anytime	Wednesday _____ to _____ <input type="checkbox"/> Anytime	Thursday _____ to _____ <input type="checkbox"/> Anytime	Friday _____ to _____ <input type="checkbox"/> Anytime	Saturday _____ to _____ <input type="checkbox"/> Anytime	Sunday _____ to _____ <input type="checkbox"/> Anytime
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List names of relatives currently employed by Gerald Printing: \_\_\_\_\_



**EXPERIENCE**

List below all present and past employment, beginning with your most recent employer.

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour/week/year  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour/week/year  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharged  Retired  
Dates Employed From \_\_\_\_\_ to \_\_\_\_\_  Laid off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Reason: \_\_\_\_\_

2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour/week/year  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour/week/year  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharged  Retired  
Dates Employed From \_\_\_\_\_ to \_\_\_\_\_  Laid off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Reason: \_\_\_\_\_

3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour/week/year  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour/week/year  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharged  Retired  
Dates Employed From \_\_\_\_\_ to \_\_\_\_\_  Laid off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Reason: \_\_\_\_\_

4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour/week/year  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour/week/year  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharged  Retired  
Dates Employed From \_\_\_\_\_ to \_\_\_\_\_  Laid off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Reason: \_\_\_\_\_

5. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour/week/year  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour/week/year  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharged  Retired  
Dates Employed From \_\_\_\_\_ to \_\_\_\_\_  Laid off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Reason: \_\_\_\_\_

Describe briefly why you are applying for this position:

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**GERALD PRINTING CONDITIONS OF EMPLOYMENT** - please read carefully and sign below.

The facts as I have stated them on this application are true and correct. If hired, I understand that false statements on this application may result in my immediate dismissal. I authorize Gerald Printing to conduct such personal background checks and reports as are deemed necessary in order to determine my fitness for the job. A copy of this authorization may be made and will be deemed as valid as the original application copy. I understand and agree to working overtime as necessary for my position. I understand that my employment and compensation are "at-will", and may be terminated by either party, with or without cause, at any time. I also agree to any pre and post-employment screenings or tests at any time, including drug testing, and any aptitude and psychological testing requested. Upon separation of employment, I authorize Gerald Printing to withhold from my final check any monies owed to them by me.

▶ SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

**CRIMINAL RECORD CHECK AUTHORIZATION**

I am being considered for employment and authorize Gerald Printing and/or their authorized representative(s) to conduct a complete criminal background check. My signature below is my authorization to any local, state, or federal agency to release all information requested by Gerald Printing and/or their authorized representative(s).

▶ SIGNATURE X \_\_\_\_\_

Name (PLEASE PRINT) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FINANCIAL RECORD CHECK AUTHORIZATION**

I understand that as a routine part of the selection process, Gerald Printing will make a credit bureau inquiry to determine if I have a financial disability.

▶ SIGNATURE X \_\_\_\_\_

**EMPLOYMENT REFERENCE CHECK** - Please list below two personal references.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Occupation/Title \_\_\_\_\_

