



EMPLOYMENT APPLICATION

INFORMATION ON THIS FORM IS SOLELY FOR THE USE OF DOCUMENT PRODUCTS, INC. AND WILL BE HELD IN THE STRICTEST CONFIDENCE. IT WILL BE TO THE APPLICANT'S ADVANTAGE TO ANSWER EACH QUESTION FULLY AND ACCURATELY. THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT OBLIGATE THE COMPANY. THIS APPLICATION WILL BE ACTIVELY CONSIDERED FOR 90 DAYS. PLEASE PRINT OR TYPE.

REFERRED BY?:			TODAY'S DATE:		
NAME - LAST		FIRST	MIDDLE INITIAL		SOCIAL SECURITY NUMBER: - - -
PRESENT ADDRESS - STREET		CITY	STATE	ZIP CODE	PRESENT TELEPHONE NUMBER: () -
PERMANENT ADDRESS - STREET		CITY	STATE	ZIP CODE	PERMANENT TELEPHONE NUMBER: () -
POSITION APPLYING FOR:				EXPECTED STARTING WAGE: \$	
DATE AVAILABLE FOR EMPLOYMENT:		ARE YOU ON LAY OFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF COMPANY:	
TYPE OF EMPLOYMENT APPLYING FOR: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		ARE YOU WILLING TO WORK SATURDAYS, SUNDAYS, AND HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU WILLING TO WORK OVERTIME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY RELATIVES EMPLOYED BY DPI? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER BEEN EMPLOYED BY DPI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH DPI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU SERVED, OR ARE SERVING, WITH THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A MEMBER OF THE NATIONAL GUARD, OR MILITARY RESERVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, NAME OF BRANCH:	
LIST BELOW ALL FELONY CONVICTIONS YOU HAVE RECEIVED IN YOUR LIFETIME AND ALL MISDEMEANOR CONVICTIONS OVER THE PAST THREE YEARS, (OTHER THAN TRAFFIC VIOLATIONS).					
DATE OF FINAL DISPOSITION	VIOLATION		PENALTY ASSESSED		COURT LOCATION
NOTE: Convictions are not necessarily a bar to employment with Document Products, Inc.; however, deception as to their existence or falsification will result in denial of employment or termination. In considering your conviction record, all factors will be taken into account.					
LIST THREE REFERENCES (DO NOT LIST PREVIOUS EMPLOYERS)					
NAME	ASSOCIATION	OCCUPATION		PHONE NUMBER	
PLEASE LIST ANY SKILLS, TECHNICAL OR PROFESSIONAL KNOWLEDGE, USE OF MACHINES OR EQUIPMENT YOU MAY HAVE, INCLUDING THE ABILITY TO WRITE AND/OR SPEAK ANY FOREIGN LANGUAGES THAT YOU WOULD LIKE CONSIDERED:					

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA RECEIVED?
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HIGH SCHOOL					
COLLEGE					
OTHER					

PREVIOUS EMPLOYMENT RECORD - START WITH CURRENT OR MOST RECENT EMPLOYMENT

COMPANY NAME		TELEPHONE () -	REASON FOR LEAVING
ADDRESS		EMPLOYMENT PERIOD (MONTH/YEAR) FROM: TO:	
SUPERVISOR		WHAT WAS YOUR FINAL SALARY \$ per	
NUMBER OF DAYS ABSENT LAST 12 MONTHS	NUMBER OF DAYS TARDY LAST 12 MONTHS	POSITION HELD WHEN YOU LEFT	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME		TELEPHONE () -	REASON FOR LEAVING
ADDRESS		EMPLOYMENT PERIOD (MONTH/YEAR) FROM: TO:	
SUPERVISOR		WHAT WAS YOUR FINAL SALARY \$ per	
NUMBER OF DAYS ABSENT LAST 12 MONTHS	NUMBER OF DAYS TARDY LAST 12 MONTHS	POSITION HELD WHEN YOU LEFT	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME		TELEPHONE () -	REASON FOR LEAVING
ADDRESS		EMPLOYMENT PERIOD (MONTH/YEAR) FROM: TO:	
SUPERVISOR		WHAT WAS YOUR FINAL SALARY \$ per	
NUMBER OF DAYS ABSENT LAST 12 MONTHS	NUMBER OF DAYS TARDY LAST 12 MONTHS	POSITION HELD WHEN YOU LEFT	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME		TELEPHONE () -	REASON FOR LEAVING
ADDRESS		EMPLOYMENT PERIOD (MONTH/YEAR) FROM: TO:	
SUPERVISOR		WHAT WAS YOUR FINAL SALARY \$ per	
NUMBER OF DAYS ABSENT LAST 12 MONTHS	NUMBER OF DAYS TARDY LAST 12 MONTHS	POSITION HELD WHEN YOU LEFT	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

BY ACCEPTING EMPLOYMENT WITH THIS COMPANY, I RECOGNIZE THAT I HAVE NO EXPRESSED OR IMPLIED CONTRACTUAL RIGHTS TO CONTINUED EMPLOYMENT WITH THE COMPANY. ADDITIONALLY, I UNDERSTAND THAT JUST AS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, THE COMPANY ALSO HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND FOR ANY REASON. THE INFORMATION FURNISHED ON THIS APPLICATION IS ACCURATE AND COMPLETE AND I UNDERSTAND THAT FALSIFICATION OF ANY PRE-EMPLOYMENT INFORMATION MAY SUBJECT ME TO DISCHARGE. I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH VARIOUS THIRD-PARTY SOURCES; AND UPON MY FORMAL WRITTEN REQUEST, WITHIN A REASONABLE PERIOD OF TIME, I WILL BE NOTIFIED AS TO THE SCOPE AND NATURE OF SUCH AN INVESTIGATION. I ALSO UNDERSTAND THAT BEFORE MY EMPLOYMENT IS FINALIZED, I WILL BE REQUIRED TO FULLY COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. DOCUMENT PRODUCTS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

DATE _____ APPLICANT'S SIGNATURE _____