



# EMPLOYMENT APPLICATION

GENERAL INSTRUCTIONS	CONTACT INFORMATION			
<ul style="list-style-type: none"> <li>Please type or print in ink.</li> <li>To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.</li> <li>Submit all to Company's HR Department</li> <li>Double-check your responses</li> <li>Ensure all forms are signed</li> <li>If you have any questions, contact the Company for further inquiries, questions, or concerns.</li> </ul>	Name (Last, First, MI)			
	Social Security Number			
	Mailing Address			
	City	County	State	Zip Code
	Home Phone	Business Phone		

## EDUCATION

HIGH SCHOOL	
NAME/ADDRESS OF SCHOOL	RECEIVED <input type="checkbox"/> Diploma <input type="checkbox"/> Other <input type="checkbox"/> None

*YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:*

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	DEGREE EARNED
		FROM	TO	QTR	SEM		

*YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:*

**JOB RELATED TRAINING OR COURSE WORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS CLOCK			YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:

**LICENSURE, REGISTRATION, CERTIFICATION**

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	Licensing Agency

**PRIOR EMPLOYMENT**

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

<b>1</b>	Name of Present or Last Employer _____	
Address _____	Phone Number _____	
Your Job Title _____	Supervisor's Name _____	
FROM (date): _____	TO (date): _____	HOURS PER WEEK: _____
Your Name if Different During Employment _____		
Duties and Responsibilities _____		
Reason(s) for Leaving: _____		

**2**

Name of Present or Last Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Your Job \_\_\_\_\_

Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

FROM \_\_\_\_\_

(date): \_\_\_\_\_

TO (date): \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

Your Name if Different During Employment \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

**3**

Name of Present or Last Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Your Job \_\_\_\_\_

Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

FROM \_\_\_\_\_

(date): \_\_\_\_\_

TO (date): \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

Your Name if Different During Employment \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

**4**

Name of Present or Last Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Your Job \_\_\_\_\_

Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

FROM \_\_\_\_\_

(date): \_\_\_\_\_

TO (date): \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

Your Name if Different During Employment \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

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## REFERENCES

Please provide the contact information and name(s) of your references:

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
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## CERTIFICATION AND AUTHORIZATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I hereby authorize the employer listed above and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, court records from federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth. This consent shall continue to be effective during my employment, if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

I wish to receive a copy of any background check that is requested.

SIGNATURE:

DATE:



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