

# ROYAL PUBLISHING EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

LAST FIRST MIDDLE INT. "NICKNAME"

FOR OFFICE USE ONLY	
EMPLOYEE# _____	BADGE# _____
HIRE DATE _____	POSITION _____
PAY RATE _____	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
IF PART-TIME, HOURS _____	

**PERSONAL INFORMATION**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ BUSINESS PHONE (If okay to call) ( ) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PAY EXPECTED \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ DATE AVAILABLE TO BEGIN WORK \_\_\_\_\_

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? YES  NO

ARE YOU AVAILABLE FOR FULL-TIME? YES  NO

IF NOT, WHAT HOURS CAN YOU WORK? \_\_\_\_\_ WILL YOU WORK OVERTIME IF ASKED? YES  NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES  (IF YES, PROOF IS REQUIRED.) NO

SPECIAL TRAINING OR SKILLS \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE? YES  NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES  NO  (Conviction will not necessarily disqualify applicant from employment.)

HOW DID YOU LEARN OF OUR ORGANIZATION? \_\_\_\_\_ REFERRED BY \_\_\_\_\_

NAME & DEPARTMENT OF ANY RELATIVES EMPLOYED BY ROYAL PUBLISHING \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ AT PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ELEMENTARY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

# PREVIOUS EMPLOYMENT INFORMATION

Please give accurate, complete information.  
Start with present or most recent employer.

COMPANY NAME	TELEPHONE ( ) -
ADDRESS	EMPLOYED (Month & Year) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
JOB TITLE & WORK DESCRIPTION	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	IF NOT, WHY?

COMPANY NAME	TELEPHONE ( ) -
ADDRESS	EMPLOYED (Month & Year) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
JOB TITLE & WORK DESCRIPTION	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	IF NOT, WHY?

COMPANY NAME	TELEPHONE ( ) -
ADDRESS	EMPLOYED (Month & Year) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
JOB TITLE & WORK DESCRIPTION	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
REASON FOR LEAVING	IF NOT, WHY?

# REFERENCES

List 3 persons not related to you whom you have known for at least 1 year.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQU.

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal or at the Company's sole option, my being placed in another position. I also understand that misstatements or omissions of fact in this application or in my interview will be a basis for my not being hired.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand that if I am employed by the Company that my employment will be "at will" and that no representations as to the term or the conditions of my employment have been made to me by the Company or any of its representatives.

I authorize the Company to request and receive all information relating to me in order to review my education, previous employment, driving, criminal records and any other background data.

I understand that as a condition of my employment I may be required to submit to drug or alcohol testing and that either my refusal to participate in such a test or the results if indicative of positive use may be grounds for my immediate dismissal or (if applicable) the basis for my not being hired.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature