



Application for Employment

Please Print

Availability

Between 9:00 am. and 6:00 p.m. what times each day you are available to work.

Monday: _____ Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____ Saturday: _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human resource Department.

Position applied for _____
 Name _____
Last First Middle

Address _____

Telephone () _____ Mobile/Beeper/Other () _____

If you are under 18 and it is required, can you furnish a work permit?.....Yes No

If no, please explain _____

Have you ever been employed here before?.....Yes No

Are you legally eligible for employment?.....Yes No

Date available for work _____ Social Security # _____

Type of employment desired

Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements for the position?.....Yes No

Have you been convicted of a crime in the last seven (7) years?.....Yes No

If yes, please explain _____

A conviction will not automatically bar employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for the past three (3) employers, assignments or volunteer activities starting with the most recent.

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature and Work Performed and Responsibilities	
Reason for Leaving		Hourly Start Rate and/ or Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
From	To	Employer	Telephone ()
Job Title		Address	

I understand that if I am employed, any misrepresentation or material omission made by me will be sufficient cause for cancellation of this application or immediate discharge from employer's service whenever it is discovered.

I hereby authorize all persons, schools, former employers, organizations, law enforcement agencies, or any other entity having information on me to provide verbally or in writing to the Copy Stop Print & Postal (Company), its agents, assignees, all pertinent background information that has been deemed necessary for Company to arrive at an employment decision. Furthermore, I agree to hold Company, its agents, assignees, and any other person or entity that releases the aforementioned information harmless and agree to release them from any liability arising from said background investigation. A photocopy of facsimile or this original document will serve as authorization.

The employer does not unlawfully discriminate in employment and no question on the application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by local, state, and federal law.

University Copy Center may request a consumer report for the purpose of evaluation for employment. This authorization may also be used at a later date to obtain a consumer report or an investigative consumer report for purposes including, but not limited to promotion, reassignment, or retention as an employee. This authorization shall remain on file.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate employment at any time with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired I will be required to provide proof of identity and legal work authorization.

Date of Birth: _____

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date: _____