



**Roberts Printing**  
 2049 Calumet St.  
 Clearwater, FL 33765

**EMPLOYMENT APPLICATION**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK.

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ How Long? \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Check the following options you would consider \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

If part time, specify hours or days \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_\_\_

**EDUCATION AND TRAINING**

	School Name	City/State	Degree/Major Course of Study	Degree Attained
High School				Yes / No
College				Yes / No
Graduate School				Yes / No
Trade School				Yes / No

List any other education, training, special skills or certificates/licenses that you possess related to the job \_\_\_\_\_

List any machines, equipment, or software programs on which you are qualified and experienced in operating \_\_\_\_\_

List any languages that you fluently speak. \_\_\_\_\_ Read/Write \_\_\_\_\_

Do you have a valid driver's license in this state? \_\_\_ Yes \_\_\_ No

Military experience? \_\_\_ Yes \_\_\_ No If yes, what branch? \_\_\_\_\_

Rank at separation \_\_\_\_\_

**GENERAL INFORMATION**

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? \_\_\_ Yes \_\_\_ No

Are you 16 years old or over? \_\_\_ Yes \_\_\_ No If under 18, state age \_\_\_\_\_

**GENERAL INFORMATION** (continued)

Were you previously employed by **Roberts Printing**? \_\_\_\_\_ Yes \_\_\_ No If yes, dates \_\_\_\_\_

List any relatives working for **Roberts Printing**: \_\_\_\_\_

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements). \_\_\_\_\_ Yes \_\_\_ No

If yes, explain \_\_\_\_\_

Can you perform the essential functions of the job? \_\_\_ Yes \_\_\_ No

Do you require any accommodation to perform the essential functions of the job? \_\_\_\_\_ Yes \_\_\_ No

If yes, explain \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all work experience beginning with the present or most recent job (use back of application, if necessary).

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ( )		
NAME AND TITLE OF SUPERVISOR MAY WE CONTACT? _____ YES ___ NO	TELEPHONE NUMBER WAS EMPLOYMENT? _____ PART TIME _____ FULL TIME		
BRIEF DESCRIPTION OF DUTIES			
REASON FOR LEAVING		LAST SALARY	

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**BUSINESS REFERENCES** (List three individuals, in addition to listed employment references, known to you for at least 3 years.)

NAME	OCCUPATION/ASSOCIATION	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT** (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give **Roberts Printing**? any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and **Roberts Printing** from liability for any damage that may result from furnishing same to **Roberts Printing**.

If employed by **Roberts Printing** I agree to abide by the policies and procedures of **Roberts Printing** which includes **Roberts Printing** Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of **Roberts Printing** or myself. I further understand that no staff employee or unauthorized representative of **Roberts Printing** other than the hiring manager or other authorized manager of **Roberts Printing** has any authority to enter into any agreement, oral or written, on behalf of **Roberts Printing** for a term of employment or to make any assurance or promise of continued employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ WC Code: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_ per/hr, \$ \_\_\_\_\_ Salary

Work Status:     Full Time     Part Time

Employee # \_\_\_\_\_ Key FOB/Card # \_\_\_\_\_