



THE**PRINT**SHOP

EMPLOYMENT APPLICATION

PHONE: 912.354.6004 | FAX: 912.355.5381
312 MALL BOULEVARD | SAVANNAH, GEORGIA 31406

WWW.THE**PRINT**SHOP.NET

Applicant's Personal Information

Today's Date: _____

Name: _____

Drivers License No. (if applicable): _____

Current Address: _____

City/State/Zip: _____

Current Phone: _____

Current Fax: _____

How long at current address: _____

E-mail: _____

Sex: Male Female Height: _____

Approximate Weight: _____

Marital Status: Single Divorced Widowed Married - How Long? _____

Do you have children? Yes No If Yes, what are their ages? _____

Are there factors that cause you to have difficulty completing certain tasks or cause you to find certain tasks impossible to complete?

Yes No If yes, please elaborate on these factors and the tasks that you may find difficult or impossible: _____

Have you had a serious illness in the last five years? Yes No If yes, please elaborate: _____

Are you 18 years or older? Yes No Do you currently have a valid driver's license? Yes No

Have you ever been convicted of a crime? Yes No If yes, please elaborate: _____

Are you currently employed? Yes No If yes, what is your job status? Full Time Part Time

Why did you apply for employment with The Print Shop of Savannah? _____

What position have you applied for? _____ When can you start? _____

Do you have any salary or pay requirements? Yes No If yes, what are they? _____

What type of benefits, perks or compensation have previous employers offered you above your regular salary or pay? _____

What type of employment interests you: Full Time Seasonal - what time of year? _____

Part Time - what days/hours are you available to work? _____

Have you ever worked with us before? Yes No If yes, when? _____

Have you worked at a Printing or Copy Company before? Yes No If yes, In what capacity? _____

If No, what do you have to offer our company? Why should you be considered for a position at The Print Shop of Savannah? _____

Do you know of a friend, family member or acquaintance that currently holds a position at The Print Shop of Savannah? Yes No If yes, who do you know? _____

Are you able to speak any foreign language(s) fluently? Yes No Which? _____

Applicant's Educational History

Name(s) and Address(es) of School(s)		Circle last grade completed	Graduated	GPA, Degree/Major
High School		9	<input type="checkbox"/> Yes	
		10	<input type="checkbox"/> No	
		11	Month/Year of Graduation:	
		12	_____	

Name(s) and Address(es) of School(s)		Circle last year completed	Graduated	GPA, Degree/Major
College - Undergrad		FR	<input type="checkbox"/> Yes	
		SM	<input type="checkbox"/> No	
		JR	Month/Year of Graduation:	
		SR	_____	

Name(s) and Address(es) of School(s)		Circle degree completed	Graduated	GPA, Degree/Major
College - Graduate		Masters	<input type="checkbox"/> Yes	
		Dr.	<input type="checkbox"/> No	
		Other	Month/Year of Graduation:	

Applicant's Employment History

5 Present or Most Recent Employer	Job Information
Name	Position or Job Title:
Address, City, State, Zip	Date Employed (Month/Year):
Contact Name and Phone	Salary or Hourly Pay (Start - Ending):
What was your reason for leaving?	What other information should we know about this job?

4 Other Recent Employer	Job Information
Name	Position or Job Title:
Address, City, State, Zip	Date Employed (Month/Year):
Contact Name and Phone	Salary or Hourly Pay (Start - Ending):
What was your reason for leaving?	What other information should we know about this job?

Applicant's Employment History (continued)

3 Present or Most Recent Employer	Job Information
Name	Position or Job Title:
Address, City, State, Zip	Date Employed (Month/Year):
Contact Name and Phone	Salary or Hourly Pay (Start - Ending):
What was your reason for leaving?	What other information should we know about this job?

2 Other Recent Employer	Job Information
Name	Position or Job Title:
Address, City, State, Zip	Date Employed (Month/Year):
Contact Name and Phone	Salary or Hourly Pay (Start - Ending):
What was your reason for leaving?	What other information should we know about this job?

1 Other Recent Employer	Job Information
Name	Position or Job Title:
Address, City, State, Zip	Date Employed (Month/Year):
Contact Name and Phone	Salary or Hourly Pay (Start - Ending):
What was your reason for leaving?	What other information should we know about this job?

Applicant's Personal References

	Name	Address, City, State, Zip	Phone	Relationship
1				
2				
3				
4				
5				