

EMPLOYMENT APPLICATION

An Equal Opportunity Employer



ColorDynamics
 Printing and Graphics Communications Center

200 E. Bethany Drive
 Allen, TX 75002
www.colordynamics.com

Please Check:		
FULL TIME	<input type="checkbox"/>	PART TIME
	<input type="checkbox"/>	SEASONAL
	<input type="checkbox"/>	<input type="checkbox"/>
INDICATE HOURS/DAYS AVAILABLE		

Please Print in Ink or Type

NAME (First, Middle, Last - Exactly as shown on your Social Security Record)		TELEPHONE NO. (Incl. Area Code) ()	
PRESENT MAILING ADDRESS (No., Street, City or Town, State, Zip Code)		YEARS AND MONTHS	OTHER PHONE WHERE YOU CAN BE REACHED
LAST PREVIOUS ADDRESS (No., Street, City or Town, State, Zip Code)		YEARS AND MONTHS	E-MAIL ADDRESS
POSITION(S) APPLIED FOR			RATE OF PAY EXPECTED
EVER APPLIED TO THIS COMPANY?	WHEN?	EVER EMPLOYED BY THIS COMPANY?	WHEN?
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION
DATE LEFT	NAME AT TERMINATION		DO YOU MEET MINIMUM AGE REQUIREMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

SCHOOL	NAME OF SCHOOL	CITY AND STATE	DATE ENTERED	DATE LEFT	DID YOU GRADUATE?	MAJOR COURSE AND/OR DEGREE
High or Preparatory						
Business or Trade						
College(s) and/or Graduate Schools						

ACTIVITIES, OFFICES, SCHOLARSHIPS OR AWARDS (Athletics, honorary, management, etc.) Please exclude any, which by name or character would indicate the race, color, age or national origin of its members.

MISCELLANEOUS

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE ANY MOTOR VEHICLE CONVICTIONS? (If "Yes", Explain) YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN CONVICTED OF, ENTERED A PLEA OF GUILTY OR NO LO CONTENDRE TO, OR RECEIVED DEFERRED ADJUDICATION OR PROBATION ON A FELONY CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN. ANSWERING "YES" WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. EXPLANATION (IF NEEDED):		
DRIVER'S LICENSE NUMBER	STATE	DATE AVAILABLE FOR EMPLOYMENT

SKILLS

COMPUTER SKILLS:

IBM <input type="checkbox"/>	TYPING	BASIC	INTERMEDIATE	ADVANCED
MAC <input type="checkbox"/>	WPM _____	WORD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		EXCEL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SOFTWARE SKILLS _____

TRADE SKILLS:

WAREHOUSE (Pallet Jack, Forklift, etc.) _____

BINDERY (Cutter, Folder, Stitcher, etc.) _____

PRESSROOM (Type of Press) _____

SOURCE

HOW DID YOU COME TO COLORDYNAMICS, INC. FOR EMPLOYMENT?

<input type="checkbox"/> EMPLOYMENT AGENCY	NAME _____	<input type="checkbox"/> ADVERTISING	NAME _____
<input type="checkbox"/> JOBLINE		<input type="checkbox"/> STATE EMPLOYMENT SERVICE	
<input type="checkbox"/> INDIVIDUAL REFERRAL	NAME _____	<input type="checkbox"/> OTHER	EXPLAIN _____

NAMES OF ANY RELATIVES WORKING AT COLORDYNAMICS, INC.

EXPERIENCE				
I. NAME OF PRESENT OR LAST EMPLOYER		ADDRESS (No., Street, City or Town, State, Zip Code)		TYPE OF BUSINESS
DUTIES		TELEPHONE NO.	MAY WE CONTACT THIS EMPLOYER AT THIS TIME?	SALARY:
			YES <input type="checkbox"/> NO <input type="checkbox"/>	START _____ FINISH _____
DATES (From-To)	REASON FOR LEAVING		NAME OF SUPERVISOR	
II. NAME OF PREVIOUS EMPLOYER		ADDRESS (No., Street, City or Town, State, Zip Code)		TYPE OF BUSINESS
DUTIES		TELEPHONE NO.	MAY WE CONTACT THIS EMPLOYER AT THIS TIME?	SALARY:
			YES <input type="checkbox"/> NO <input type="checkbox"/>	START _____ FINISH _____
DATES (From-To)	REASON FOR LEAVING		NAME OF SUPERVISOR	
III. NAME OF PREVIOUS EMPLOYER		ADDRESS (No., Street, City or Town, State, Zip Code)		TYPE OF BUSINESS
DUTIES		TELEPHONE NO.	MAY WE CONTACT THIS EMPLOYER AT THIS TIME?	SALARY:
			YES <input type="checkbox"/> NO <input type="checkbox"/>	START _____ FINISH _____
DATES (From-To)	REASON FOR LEAVING		NAME OF SUPERVISOR	
PLEASE ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN EXCESS OF TWO MONTHS				
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION?			WHEN?	FOR WHAT CAUSE?
NAME OF EMPLOYER			ADDRESS (No., Street, City or Town, State, Zip Code)	
U.S. MILITARY SERVICE				
BRANCH OF U.S. MILITARY SERVICE		DATES (From-To)	RANK OR GRADE (Entry-Discharge)	
DUTIES		U.S. ARMED FORCES RESERVE AFFILIATION		
BUSINESS OR EDUCATIONAL REFERENCES				
List below three individuals (not relatives) who know your character, ability and experience.				
NAME	TITLE	COMPANY NAME/CITY	TELEPHONE NUMBER (Inc. Area Code)	
NOTIFICATION AND AGREEMENT				
Please read before signing				

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any Company Human Resources representative before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making any such investigation.

I understand that employment may be contingent upon the passing of a pre-employment physical examination (including urine and/or blood tests). I also understand that in connection with my application for employment with ColorDynamics, Inc., I authorize a pre-employment background investigation (if applicable) to be made by the Company or its selected agent to solicit information about my background including, but not limited to, information about my employment, driving record, criminal record and public records history and I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand and agree that my employment can be terminated at will with or without cause, at any time, either at my option or at the option of the Company and that no representation, whether oral or written to the contrary has been made to me and I further understand that no employee of ColorDynamics, Inc. is authorized to offer any such representation.

I understand that CD is a drug-free workplace and I agree to take, at any time that ColorDynamics, Inc. may request, blood or urine exams. If hired, I understand my continued employment may be subject to my satisfactorily passing such tests and that failure to take such tests may result in my immediate termination.

If hired, I authorize ColorDynamics, Inc. to disclose to any person with whom I may hereafter seek employment my full employment record, including my reason for termination, or other information it may have concerning me, and hereby release ColorDynamics, Inc. from any and all liability for such disclosures.

I acknowledge that ColorDynamics, Inc prohibits weapons on company property (including parking lots and grounds), and if hired, while on company business or while attending company sponsored functions even when the owner is licensed to carry the weapon.

It is the policy of the Company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status or pregnancy, and to afford equal opportunity to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

If hired I agree to adhere to the Company's rules and regulations, including the Company's Code of Business Conduct. I understand that all company rules and regulations are subject to change or deletion at any time.

Signature

Date