



537 Northern Heights Blvd.
 Klamath Falls, OR
 97601-7135

ph: 541.884.3714
 fx: 541.884.0592
 www.smithbates.com

APPLICATION FOR EMPLOYMENT

PERSONAL

Name _____ Social Security No. _____
Please Print Last First Middle Initial

Home Phone (____) _____ - _____ Message Phone (____) _____ - _____ E-mail _____

Current Address _____

City, State, Zip _____

If less than 5 years, list previous address _____

City, State, Zip _____

Position Desired: _____ FULL TIME PART TIME SUMMER

Date Available: _____ Shifts you can work: DAY SWING GRAVEYARD

Do you have restrictions that would prevent you from working overtime? YES NO Reason: _____

Have you the legal right to work
 in the U.S.? YES NO

Are you at least 18 years of age?
 YES NO

Hire is subject to verification that applicant is at least
 18 years old and is eligible to work in the United States.

Have you, since the age of 18 or within the last 7 years (whichever is most recent) been convicted of a felony? YES NO

If yes, describe briefly: _____
 NOTE: A conviction record will not necessarily bar you from employment.

I have previously: Applied for employment with SmithBates
 Been employed in the printing industry

Names of friends or relatives at this company:

Position: _____ Date: _____

Location: _____

EDUCATION

Name	City	State	No. Years	Major/ Subject	Degree/Diploma (If degree, identify type)
High School					
College					
College					
Graduate School					
Business, Trade or Other					

Are you presently enrolled as a student? YES NO
 When? _____

Do you expect to be? YES NO
 Where? _____

SKILLS

Please list any other special training, skills and experience which will help you with our company. Important: List all factory and/or office equipment, computer equipment and software you can operate:

TYPING _____

WPM _____

SHORTHAND Are you taking any vocational or technical courses at present? YES NO

WPM _____ If yes, what and where? _____

EMPLOYMENT RECORD *Beginning with your present or last employer, list the last four jobs you have held.*

NAME OF EMPLOYER (PRESENT OR LAST)	JOB TITLE	BASE RATE OF PAY (HOUR/WEEK/MONTH) START _____ END _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____	AREA CODE _____ PHONE _____ (_____)
DATES EMPLOYED FROM: _____ TO: _____	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES		

IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? YES NO

NAME OF EMPLOYER	JOB TITLE	BASE RATE OF PAY (HOUR/WEEK/MONTH) START _____ END _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____	AREA CODE _____ PHONE _____ (_____)
DATES EMPLOYED FROM: _____ TO: _____	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES		

NAME OF EMPLOYER	JOB TITLE	BASE RATE OF PAY (HOUR/WEEK/MONTH) START _____ END _____
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NAME OF EMPLOYER	JOB TITLE	BASE RATE OF PAY (HOUR/WEEK/MONTH) START _____ END _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____	AREA CODE _____ PHONE _____ (_____)
DATES EMPLOYED FROM: _____ TO: _____	NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES		

REFERENCES
List people (in addition to your prior employers) we may contact for additional information regarding your capabilities and work habits

NAME	ADDRESS	CITY	STATE	ZIP	AREA CODE	PHONE
					(_____)	
					(_____)	
					(_____)	

CERTIFICATION AND AUTHORIZATION - READ CAREFULLY AND SIGN.
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.
 I CERTIFY THAT ALL ANSWERS OR STATEMENTS I HAVE MADE IN THIS APPLICATION OR OTHER SUPPLEMENTARY MATERIAL ARE TRUE AND CORRECT WITHOUT OMISSIONS. I ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISREPRESENTATION OR MATERIAL OMISSIONS ON THIS APPLICATION OR SUPPLEMENTARY MATERIALS MAY RESULT IN A REFUSAL TO HIRE OR AN IMMEDIATE DISMISSAL IF I AM HIRED. I AUTHORIZE YOU TO CONTACT ANY OF MY PAST EMPLOYERS, SCHOOLS AND PERSONAL REFERENCES CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION AND PERSONAL HISTORY. I RELEASE THIS COMPANY AND ALL PERSONS AND ORGANIZATIONS SO CONTACTED FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE ARISING FROM SUCH INVESTIGATIONS OR THE SUPPLYING OF SUCH INFORMATION. IF HIRED, I AGREE TO COMPLY WITH ALL RULES AND POLICIES ESTABLISHED FROM TIME TO TIME BY THE COMPANY. I UNDERSTAND IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME BY THE COMPANY OR BY ME, WITH OR WITHOUT CAUSE. *NOTHING IN THIS APPLICATION, OR IN ANY ORAL OR WRITTEN STATEMENT PROVIDED BY THE COMPANY TO ME, WILL LIMIT THE RIGHTS TO TERMINATE MY EMPLOYMENT AT WILL, AND NO ONE WILL HAVE AUTHORITY TO CHANGE THE AT WILL RELATIONSHIP ORALLY OR IN WRITING. I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND ACCEPT THE SAME AS CONDITIONS OF EMPLOYMENT.*
 Signature of Applicant _____ Date _____