

APPLICATION FOR EMPLOYMENT



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Prospective employees will receive consideration without discrimination based on race, creed, sex, age, national origin, handicap or veteran status.

PERSONAL	Last name		First	Middle	Date
	Street Address				Telephone ()
	Email Address				Pay Expected
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Are you of the legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				
	Availability Mo _____ Tu _____ We _____ Th _____ Fr _____ Sa _____ Su _____				
	Are you legally eligible for work in the United States? Have you ever been convicted of a felony?				When will you be available to begin work?
Other special training or skills (languages, machine operation, etc.)				Are you able to work shifts at one or both store locations? <input type="checkbox"/> Downtown (125 S. Dubuque St. Iowa City) <input type="checkbox"/> Coralville (411 2nd St. Suite C)	

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, religion or national origin)

LOCATIONS:

PHONE

FAX

EMAIL

125 S. Dubuque • Iowa City 52240
411 2nd St. • Coralville 52241

319.351.3500
319.351.7100

319.351.4893
319.351.7107

copies@zephyrprinting.com
coralville@zephyrprinting.com

EMPLOYMENT

Please give an accurate, complete full and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ())
	Address	Employed (month/year) From To
	Name of Supervisor	Hourly Rate Start Last
	Job Title and Work Description	Reason for Leaving

2	Company Name	Telephone ())
	Address	Employed (month/year) From To
	Name of Supervisor	Hourly Rate Start Last
	Job Title and Work Description	Reason for Leaving

3	Company Name	Telephone ())
	Address	Employed (month/year) From To
	Name of Supervisor	Hourly Rate Start Last
	Job Title and Work Description	Reason for Leaving

4	Company Name	Telephone ())
	Address	Employed (month/year) From To
	Name of Supervisor	Hourly Rate Start Last
	Job Title and Work Description	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer number(s)_____
	Reason_____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
	Describe any training received relevant to the position for which you are applying. _____ _____	