



8135 RONSON ROAD
 SAN DIEGO CA 92111-2002
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 WWW.SOSPRINT.COM

**NOTE: Drug testing will be conducted
 on all potential new employees.**

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

SSN# _____

NAME _____

LAST

FIRST

MIDDLE

PRESENT ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE NUMBER (____) _____ REFERRED BY _____

IF RELATED TO ANYONE IN OUR EMPLOY STATE NAME AND DEPARTMENT _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

IN CASE OF EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE#

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 1 2 3 4 1 2 3 4 5 6 NAME OF LAST SCHOOL ATTENDED _____

ELEMENTARY

HIGH

COLLEGE

ADDRESS OF ABOVE SCHOOL _____

DEGREE RECEIVED _____ SPECIAL COURSES OF STUDY OR TRAINING _____

UNION AFFILIATIONS _____

APPRENTICESHIP SERVED _____ DID YOU COMPLETE APPRENTICESHIP? Yes _____ No _____

WHAT TRADE HAVE YOU FOLLOWED _____ OFFICE MACHINES OR EQUIPMENT OPERATED _____

OTHER SKILLS OR QUALIFICATIONS THAT YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THIS COMPANY

BRANCH OF U.S. MILITARY SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

WILL YOU BE AVAILABLE TO WORK _____ FULL TIME _____ PART TIME _____ OVER TIME _____ ANY HOURS _____ ANY DAY OF WEEK _____ ANY SHIFT _____

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT JOB AND ACCOUNT FOR EVERY EMPLOYMENT PERIOD, INCLUDING MILITARY SERVICE, PART TIME JOBS, SHORT TIME JOBS AND PERIODS OF SELF EMPLOYMENT AND UNEMPLOYMENT.

EMPLOYER'S NAME & ADDRESS	SALARY	POSITION & DUTIES	DATES EMPLOYED MO / YR	REASON FOR LEAVING
			FROM: TO:	
			FROM: TO:	
			FROM: TO:	
			FROM: TO:	
			FROM: TO:	
			FROM: TO:	

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE PAST 7 YEARS?
 (A CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT) YES _____ NO _____ IF YES DESCRIBE IN FULL _____

DO YOU HAVE AN ACTIVE DRIVER'S LICENSE? YES _____ NO _____ HAVE YOU EVER BEEN BONDED? YES _____ NO _____ IF YES ON WHAT JOB? _____

I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment. I understand that each potential new employee, prior to hire will be required to take a drug test, which will be paid for by SOS Printing.

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED? YES _____ NO _____ POSITION _____ DEPT# _____ SHIFT _____

SALARY WAGE \$ _____ HR \$ _____ DATE REPORTING TO WORK _____

APPROVED BY: 1) _____ 2) _____ 3) _____
 EMPLOYMENT MANAGER DEPARTMENT MANAGER SUPERVISOR

DATE OF BIRTH _____