



Pad Print Machinery of Vermont

P.O. Box 720 / 201 Tennis Way, East Dorset, Vermont 05253
Tel: 800.272.7764 / Fax: 802.362.0858 / www.padprintmachinery.com

“Engineered Printing Solutions”

Employment Application

We consider applicants for all positions without regard to gender, race, color, religion, national origin, age, marital status, genetic or family medical history information, or any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____ per

Position Applied for: _____

Are you authorized to work in the U.S.?

Proof of authorization to work in the US will be required upon employment.

YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Conviction will not necessarily disqualify applicant from employment

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Skills & Hobbies

Please list any special applicable skills or hobbies:

References

Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Contact Info: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Contact Info: _____

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Contact Info: _____

Referral Source

Referral Source:

Advertisement Friend (please indicate below) Relative (please indicate below) Walk-In

Other: _____ Referral Source Friend/Relative name _____

Disclaimer and Signature

The facts set forth in my application are true and complete. I understand that, if employed by Pad Print Machinery of Vermont, false statements on this application will be considered sufficient cause for dismissal.

I understand that Pad Print Machinery of Vermont or its agents may investigate my employment and personal history through any investigative or credit agencies of its choice or on its own, in accordance with the Fair Credit Reporting Act.

I understand that Pad Print Machinery of Vermont is a drug- and alcohol-free working environment. Any offer of employment made to me by Pad Print Machinery of Vermont will be contingent upon a confirmed negative drug test, according to Pad Print Machinery of Vermont policy.

I also understand that neither this application nor a commitment of employment by Pad Print Machinery of Vermont constitutes a contract of employment. Pad Print Machinery of VT or an employee may terminate the employment relationship at any time, for any reason, subject to applicable federal and Vermont statutory restrictions, as well as other Vermont law.

I further understand that this application is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for any position(s) at Pad Print Machinery of Vermont. Upon signing this application, I agree to abide by any and all regulations set forth by the employer, should I enter into their employment.

Signature: _____ Date: _____



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Candidate Release Authorization

I. In connection with my application for employment or continued employment at Pad Print Machinery of VT, Inc., I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. As Pad Print Machinery of VT, Inc. policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Pad Print Machinery of VT, Inc. or its agent, to furnish the information described in Section I.

V. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Pad Print Machinery of VT, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

