

Application for Employment

	Companies						Staff Manager	ment
Full Name	(Last			Social Se	ecurity Number			
Mailing Address	(Last		(Middle Initial)	City, State			ip ode	
Alternate Address				City,		Z	ip ode	
Telephone	()			Telephor	e <u>(</u>)			
List Other	Residence(s) for three years p	prior to application:						
Address: _			Addı	ress				
		Zip Code				Zip	Code	
Address: _			Addı	ress				
		Zip Code				Zip	Code	
Do you hav in the Unite	e a legal right to be employed Cd States?				ation Reform & Control <i>i</i> t authorization and iden			
Date availa	ble for employment							
Position De	esired:			Salary Exp	ected:			
Have vou w	vorked for this company before?	☐ Yes ☐ No Wh	ere?		Po	osition		
	n		<u>-</u>		<u> </u>			
				_				
			EDUCAT	TION		Circle Last Year	Did you	Degree or
	School Name and Location of School		School		Course of Study	Completed	Graduate? ☐ Yes	
Hig				Ma	nor ijor	1 2 3 4	□ No □ Yes	
Colle				Ma		1 2 3 4	□ No □ Yes	
Colle	ege				Minor			
Oth	er			Mi	nor	1 2 3 4	□ No	
Special Tra	ining Course(s):							
List Presei	nt or Last Employer First (Atta		IENT AND MILITA is needed)	ARY SERV		s when unemployed	, state dispos	sition of time.
◆ Employe		,	MO/YR From	Salary	↓ Job Title		•	
Ψ Compan	y Telephone Number Required (Area Code and Number			◆ Nature of Work			
↓ Address	(Street Number)							
Ψ City		V State ✓ Zip (To Code		◆ Reason for Leaving			
↓ Name an	nd Title of Supervisor							
↓ Employe	r Name		MO/YR	Salary	↓ Job Title			
↓ Compan	y Telephone Number Required (Area Code and Number	er) From		◆ Nature of Work			
↓ Address	(Street Number)							
Ψ City		V State ✓ Zip (To Code		◆ Reason for Leaving			
◆ Name ar	nd Title of Supervisor							

Type of Work Desired: ☐ Production

EMPLOYMENT AND MILITARY SERVICE RECORD (continued) List Present or Last Employer First (Attach sheet if more space is needed) If there were times when unemployed, state disposition of time. ◆ Employer Name ♣ Job Title MO/YR Salary From ◆ Company Telephone Number Required (Area Code and Number) ◆ Nature of Work ◆ Address (Street Number) Τo **↓** City ◆ State ◆ Reason for Leaving ◆ Name and Title of Supervisor MO/YR ◆ Employer Name Salary ♣ Job Title From ◆ Company Telephone Number Required (Area Code and Number) ◆ Nature of Work ◆ Address (Street Number) То **↓** City ◆ State ♣ Zip Code ◆ Reason for Leaving ◆ Name and Title of Supervisor Have you been convicted of a felony? □ yes □ no Have you been court martialed? □ yes ☐ no Have you been convicted of a misdemeanor within the last five years, other than for a first conviction for any of the following: drunkenness, simple assault, speeding, minor traffic violations or disturbing the peace? yes □ no (An affirmative response will not automatically disqualify you from being a candidate for employment.) If yes to any question above, give date and details: Do you have friends or relatives employed by this company? □ yes □ no If yes, indicate below: Name Job Title Job Title Name I hereby certify that I have personally completed this application. I further certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material facts is grounds for rejection of this application or I understand that the information I have provided on this application will be used to contact prior employers for purposes of investigating my background. I hereby

for immediate discharge if I am employed, regardless of the time elapsed before discovery. This application will be retained for a period of time as required by applicable State and Federal laws.

authorize Nationwide Graphics / Premier Print Holdings and affiliates to thoroughly investigate my work record, experience, references and other matters related to my suitability and qualifications for employment. I authorize the previous employers and references to disclose to Nationwide Graphics / Premier Print Holdings and affiliates any and all information related to my work record. I hereby release Nationwide Graphics / Premier Print Holdings and affiliates and former employers, persons, companies or corporations supplying such information from all liability arising out of such investigation and disclosure.

I understand that nothing contained in the application or conveyed during an interview is intended to create or imply an employment contract between the Company and me. This application does not obligate the company to hire me. However, if I am hired, I understand that my employment is at will, i.e., not for any specific time period or duration, and either the employee or the Company may terminate the relationship at any time, with or without cause or notice.

Applicant's Signature:	Date:	

Applicant Statement, Acknowledgement and Authorization

I certify that all information I have provided in order to apply for and secure work with the Employer is true, complete and correct.

I acknowledge that I will comply with all policies, rules and procedures established by the Employer and understand that noncompliance may, at the discretion of the Employer, result in discharge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the Employer's service, whenever it is discovered.

I hereby authorize, and have been informed by the Employer, that credit history and criminal background checks may be conducted on me as a condition of employment and continued employment. If an adverse employment action is taken against me because of any credit report, the Employer will so advise me and provide the name and address of the consumer reporting agency from which the report was obtained. I understand and agree that if hired, the Employer from time to time may request that subsequent credit history and criminal background checks be conducted without further notification. I further understand that I am obligated to notify the Employer of any criminal convictions that occur during my employment with the Employer.

I understand that the Employer is a drug/alcohol free workplace, and it is the current illegal use of drugs and/or alcohol abuse that prohibits me from being employed should I test positive. As a result of the drug/alcohol free workplace policy, pre-employment testing, post-accident testing Reasonable suspicion and random testing are required for all employees.

I expressly authorize, without reservation, the Employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive and release any and all rights and claims I may have regarding the Employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Employer's president.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant	Statement, Acknowledgement and Authorization.
Signature of Applicant	Date:/

FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION

Facts You Need to Know:

Applicant's Name Printed

In connection with my application for employment with Sutherland Companies "Company" the Company may obtain a consumer report on you, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable. If the Company obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

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not obtain medical information about you we covered by the authorization contained in the	ithout your express cons					
State-specific information: • California – If you are a California please review and complete the Employment Purposes Pursuant	"Disclosure and Acknow					
<u>Minnesota</u> – If you are a Minnesot the consumer report by checking		or employment at a	a location within the State of	Minnesota, you hav	e a right to obtain a copy	of
Oklahoma – If you are an Oklaho the consumer report by checking		for employment at	a location within the State of	Oklahoma, you hav	ve a right to obtain a cop	/ of
I hereby authorize the Company, now or a	at any time while I am en	nployed by the Cor	to Obtain Consumer Report mpany, to obtain a consumer the release of medical inform	report, or an invest	igative consumer report,	on
		7 years res	idence: Address		From/To	
DOB*:			Address		11011//10	
	_	Street Addre	ess			
SS#:		City	State	Zip		
		Oity	Otato	Ζip		
Other Names Used:		Street Addre	200			
Name	From/To	Olleet Addit	2 33			
		City	State	Zip		
		Street Addre	ess			
		City	State	Zip		
		Street Addre	222			
MVR License #		Oli Ool / Idan				
		-0"	0.1			
State of Issuance		City	State	Zip		
		Street Addre	ess			
		Oit.	Chata	7:		
* This information will be used for purposes origin, religion, age, equal pay or disability. military status or marital status.						
Applicant's Signature			Today's Date			