



# APPLICATION FOR EMPLOYMENT

## SHARP PRINTING SERVICES, INC.

[www.sharp-printing.com](http://www.sharp-printing.com)

### NOTICE TO APPLICATIONS:

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATIONS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

APPLICATION MUST BE COMPLETED BY APPLICANT.

Please remember that we will keep your application on file and refer it for up to 12 months, when we have openings.

### ABOUT SHARP PRINTING :

Sharp Printing is a family owned and operated business. In 1983, Steven Sharp founded the company in the family garage. Business grew quickly, and within months moved to our present site.

We provide businesses and organizations with printed and copied products to help them communicate with their customers, members or associates. Our capabilities include small sheet offset presses, high speed black & white copiers, as well as color copying equipment. We have a state of the art pre press department to prepare the job for printing. As well as a complete bindery for finishing the printed products. Many of the jobs that we produce are prepared, addressed and mailed from our mailing department.

Our record of growth in sales and new customers indicates a history of concern for our clients and their needs. Our average annual growth exceeds 15%. For the security of the business, and all of our employees, we maintain a healthy financial balance sheet, while growing the business, and adding new state of the art equipment to better serve our clients.

We welcome all persons to apply for employment, who share our concern for providing quality products with true concern for the customers' needs.

**PERSONAL DATA:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ How long at present address? \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_ Best time to call you \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Is there anything that would prevent you from performing tasks successfully for this job? Yes \_\_\_ No \_\_\_

If Yes, explain: \_\_\_\_\_

Work Schedule Desired: Full Time Part Time

If Part Time, specify hours desired by day: MON \_\_\_\_\_ TUE \_\_\_\_\_

WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

Rate of Pay Expected: Start \_\_\_\_\_ 6 Mo. \_\_\_\_\_ 1 Year \_\_\_\_\_

How did you hear of this opening, or our company? \_\_\_\_\_

Have you worked with us before?  No  Yes - When/How Long? \_\_\_\_\_

List any friends/relatives working with us now \_\_\_\_\_

List any special skills or training you have for positions applied for above \_\_\_\_\_

Are you 18 or over?  Yes  No

(FEDERAL LAW REQUIRES EMPLOYEES WHO WORK WITH OR AROUND DANGEROUS EQUIPMENT TO BE 18 OR OLDER)

Have you ever been convicted of a felony since the age of 18 (conviction may not necessarily be cause for disqualification from employment)?  Yes  No

If yes explain: \_\_\_\_\_

**EDUCATION:**

	NAME - CITY	GRADUATE?	MAJOR, DEGREE, TRAINING
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS OR VOCATIONAL SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**ALL APPLICANTS FOR DRIVER, SALES PERSON, OR MARKETING COMPLETE THIS SECTION:**

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had your Driver's License suspended?  Yes  No

Have you ever had a felony conviction for reckless driving and/or driving under the influence/driving while impaired?  Yes  No

If yes, explain: \_\_\_\_\_

List all vehicle related violations, not indicated above, that have occurred in the past three (3) years.

Date	Type of Violation	Location	Did an accident result?	Injuries

**EMPLOYMENT HISTORY (MOST RECENT FIRST)**

COMPANY NAME ADDRESS PHONE	POSITION	DATES		SALARY OR RATE OF PAY	REASON FOR LEAVING
	SUPERVISOR	FROM	TO		

May we contact your present employer?  Yes  No

**APPLICANT: READ AND SIGN BELOW**

The information provided by me in this application and resume, if submitted, is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are authorized to conduct any investigation of my personal history and/or credit and financial records employing investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act.

I authorize investigation of all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to SHARP PRINTING SERVICES, INC.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Sharp Printing Services, Inc.

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