JOB APPLICATION

Four Season Graphics, LLC 1370 Greenwood Ave Zanesville, OH 43701 (740)450-3741

Four Season Graphics LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please complete all sections below.

Application Information				
Applicant Name:				
Applicant Address:				
Telephone Number:	Alternate Telephone Number:			
Email Address:	Date of Application:			
Employment Position				
Position applying for: <u>Production Assistant</u> How did you he	ear about this position?			
Are you seeking full-time or part-time work?	If part-time, how many hours per week?			
What days are you available for work?	What hours are you available for work?			
If needed, are you available for overtime?	Do you have reliable transportation to work?			
Salary desired (do not leave blank)				
Personal Information				
Have you ever applied to Four Season Graphics, LLC before?	Are you at least 18 years of age?			
Do you have any friends or relatives that work at Four Season Graphics, LLC? If so, who?				
Will you submit to a controlled substance test? Are you a U.S. citizen or approved to work in the United States?				
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please describe:				
	viction of a criminal offense. The date of the offense, the nature of the offense, including bunding circumstances and the relevance of the offense to the position applied for may,			
Job Skills / Qualifications				
Please list below the skills and qualifications you posse	ss for the position for which you are applying:			

	ability to stand and the ability to pul ou able to meet with job requiremer			
Do you have a conditi	on which would require a job accon	nmodation? If so, please de	escribe:	
Note: Four Season Graphics L to perform essential functions		le accommodation measures that ma	y be necessary for eligible applicants / employees	
•	completion of a Non-Compete, Non- u willing to agree to these terms in e		•	
Education and Training	<u>ng</u>			
High School				
Name	Location (City, State)			
College / University				
Name	Location (City, State)	Year Graduated	Degree Earned	
Vocational School / Sp				
Name	Location (City, State)	Year Graduated	Degree Earned	
	I			
<u>Military</u>				
Are you currently or h	nave you ever been a member of the	e Armed Services?		
If yes, what branch?	v	Vhen did you serve?		
Discharge type?	What w	as your military rank when	discharged?	
What military skills do	you possess that would be an asse	t for this position?		
Previous Employmen	<u>t</u>			
Please list all three mo	ost recent employers, as applicable.			
Employer:		Job Title:		
Address:		Supervisor's Name:		
Phone #:		Dates Employed:		
Salary at Senaration	•	Reason for Leaving:		

Applicant Signature		Date	Date	
Your signature below further	r certifies that all the inform	ation provided on th	is application is true and complete.	
your employment can be ter LLC. No representative of Fo the foregoing "employment is "at will," and that you ack	minated at any time for any our Season Graphics, LLC has at will" relationship. You sig nowledge that no oral or wri	reason, with or with the authority to ent gnature below indicat tten statements or re	"employment at will". This means that out cause, by you or Four Season Graphics, er into any agreement to the contrary to tes that you understand your employment epresentations regarding your employment ed by you and the owner of Four Season	
Additional Information (opt	cional) Please provide any a	dditional informatior	n in consideration of your job application.	
Name:	Phone #:		Relationship:	
Name:	Phone #:		Relationship:	
Name:	Phone #:		Relationship:	
Personal References List up	to three individuals who car	n provide informatio	n on your personal character.	
Name:	Phone #:		Relationship:	
Name:	Phone #:		Relationship:	
Name:	Phone #:		Relationship:	
Professional References List	t up to three individuals who	o can provide informa	ation on your job performance.	
Salary at Separation:		Reason for Leav	Reason for Leaving:	
Phone #:		Dates Employe	Dates Employed:	
Address:		Supervisor's Na	Supervisor's Name:	
Employer:		Job Title:		
Salary at Separation:		Reason for Leav	virig.	
	Phone #:		Dates Employed:	
Address:		-	Supervisor's Name:	
I Addracc:		Supervisor's Na	ime:	