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APPLICATION FOR EMPLOYMENT

A&E Reprographics Inc. - is an equal opportunity employer, and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, or any disability. This application will be given every consideration, but its receipt does not imply that the applicant will be interviewed or employed. Each question should be answered in a complete and accurate manner, as no action can be taken on this application until all questions have been answered. Please print legibly.

1. GENERAL INFORMATION

Position for which you are applying: _____ Date: _____

How did you learn of our company and/or this position? _____

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

Street Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Mobile): _____

Shift Preference: 1st 2nd 3rd Any Duration: Full Time Part Time Temporary

Date Available to Start: _____ Salary Desired: _____ Are You Over Age 18? Yes No

Will you work overtime if required by the job for which you are applying? Yes No If no, please explain:

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those days and/or hours:

2. EDUCATION

List education and/or training that is relevant to the position(s) for which you are applying.

	School Name & Location	Did You Graduate?	Diploma/Degree/Certificate Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any scholastic honors, offices held, or activities involved in during high school and college: _____

List and describe any other school or special training: _____

3. MILITARY SERVICE

Have you ever served in the military? Yes No Service Branch: _____

Date Entered: _____ Date Separated: _____ Final Rank: _____

4. DRIVING RECORD (FOR DRIVING POSITIONS ONLY)

Driver's License #: _____ Birthdate: _____
 Date Issued: _____ Class: _____ Exp. Date: _____

Safe Driving Awards/Defensive Driving Courses
 (from whom and date):

DRIVING EXPERIENCE:

Type of Vehicle	Dates Driven	Approx. # of Miles
Automobile (non-personal)		
Bus/Van		
Tractor/Trailer/Truck		
Other Driving Experience		

ACCIDENT RECORD (PREVIOUS 3 YEARS):

Date	Nature of Accident	Any Injuries/Fatalities

TRAFFIC CONVICTIONS/FORFEITURES OF LICENSE (PREVIOUS 3 YEARS):

Date	Charge	Penalty	City and State

Have you been denied (or had suspended or revoked) a driver's license or permit within the past 3 years? Yes No

If yes, give dates and circumstances: _____

5. SPECIAL SKILLS / OTHER EXPERIENCE

List any software applications you are familiar with, and your level of experience with each (1 = Novice; 2 = Intermediate; 3 = Expert):

- | | 1 | 2 | 3 | | 1 | 2 | 3 |
|----------|---|---|---|----------|---|---|---|
| 1. _____ | ○ | ○ | ○ | 5. _____ | ○ | ○ | ○ |
| 2. _____ | ○ | ○ | ○ | 6. _____ | ○ | ○ | ○ |
| 3. _____ | ○ | ○ | ○ | 7. _____ | ○ | ○ | ○ |
| 4. _____ | ○ | ○ | ○ | 8. _____ | ○ | ○ | ○ |

List any other skills, experiences or qualifications you have that are relevant to the position for which you are applying.

6. EMPLOYMENT HISTORY

List your past employment information in reverse chronological order, with present or most recent employer listed first. Account for all periods of time including military service and any other periods of unemployment. Please give month and year. If you have had more than four previous employers within the last five years, list them on another sheet, giving full details as below.

1	Employer:	Date of Employment (Month and Year):
	Address:	From: To:
	City, State, Zip:	Hourly Pay / Salary
	Phone: Nature of Business:	Starting: Ending:
	Your Job Title and Description of Duties :	<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Other Please explain:
	Name and Title of Last Supervisor: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2	Employer:	Date of Employment (Month and Year):
	Address:	From: To:
	City, State, Zip:	Hourly Pay / Salary
	Phone: Nature of Business:	Starting: Ending:
	Your Job Title and Description of Duties :	<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Other Please explain:
	Name and Title of Last Supervisor: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3	Employer:	Date of Employment (Month and Year):
	Address:	From: To:
	City, State, Zip:	Hourly Pay / Salary
	Phone: Nature of Business:	Starting: Ending:
	Your Job Title and Description of Duties :	<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Other Please explain:
	Name and Title of Last Supervisor: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4	Employer:	Date of Employment (Month and Year):
	Address:	From: To:
	City, State, Zip:	Hourly Pay / Salary
	Phone: Nature of Business:	Starting: Ending:
	Your Job Title and Description of Duties :	<input type="checkbox"/> Quit <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Other Please explain:
	Name and Title of Last Supervisor: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

7. MISCELLANEOUS

Have you ever worked for this company before? Yes No If yes, when? _____

If you have worked in any previous job under another name, please give that name: _____

Have you been discharged from employment within the last five years for disciplinary reasons? Yes No

If yes, give dates and circumstances. _____

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, give dates and circumstances. _____

Have you ever been found guilty of a felony or a misdemeanor crime (other than minor traffic violations) or been on probation under the terms of deferred adjudication? (This information will not necessarily bar you from employment.) Yes No

If yes, state offense, location and disposition. _____

Do you have any physical or mental impairments which would interfere with your ability to perform the job for which you have applied?

Yes No If yes, explain. _____

How many days of work have you missed in the last two years? _____

How many times have you been late for work in the last two years? _____

8. REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone	Address	Occupation

9. CERTIFICATION

READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT.

I certify that my answers to the foregoing questions are true and correct without any omissions of any kind whatsoever. I understand that any false, misleading or otherwise incorrect statements made on this application or during any interview may be grounds for my immediate discharge or may end my consideration for hire. I understand that this application must be completed fully, and that if returned incomplete, I may not be considered for hire. A photocopy or fax can be used in place of the original.

I hereby authorize A&E Reprographics Inc. - to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications, and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of A&E Reprographics Inc. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that nobody in A&E Reprographics Inc. is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of A&E Reprographics Inc. I also understand that my employment is "at will" and may be terminated by myself or by A&E Reprographics Inc. at any time for any reason at all, with or without prior notice.

Employee Signature

Date