

EMPLOYMENT APPLICATION



Hi-TECH MARKETING SOLUTIONS

HI-TECH MARKETING SOLUTIONS IS AN EQUAL OPPORTUNITY EMPLOYER

3410 NE 6 Terrace • Pompano Beach, FL 33064
www.hi-techms.com

Start Date: _____

Dept.: _____

Emp. #: _____

PERSONAL INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	
HOME ADDRESS		CITY	STATE	ZIP CODE
E-MAIL ADDRESS	HOME TELEPHONE ()	BUSINESS TELEPHONE ()	MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CELL PHONE NUMBER ()	OTHER CONTACT NUMBERS		MINIMUM SALARY REQUIREMENTS	
POSITION APPLYING FOR	DATE AVAILABLE	ARE YOU A NICOTINE USER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AT LEAST 18 YRS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/ AREA OF STUDY	NUMBER OF YEARS AT-TENDED	GRADUATED?
HIGH SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO
COLLEGE	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO
GRADUATE SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO
OTHER	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP CODE			<input type="checkbox"/> NO

COMPUTER SKILLS:

<input type="checkbox"/> Excel	<input type="checkbox"/> Word	<input type="checkbox"/> Power Point	<input type="checkbox"/> QuarkXpress	<input type="checkbox"/> Access	<input type="checkbox"/> Illustrator	
<input type="checkbox"/> InDesign	<input type="checkbox"/> SQL	<input type="checkbox"/> Photoshop	<input type="checkbox"/> Dreamweaver	<input type="checkbox"/> C+	<input type="checkbox"/> Front Page	<input type="checkbox"/> Flash

SPECIAL SKILLS: (CERTIFICATIONS, FOREIGN LANGUAGES, ETC.)

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE(S)

EMPLOYMENT HISTORY – please list the most recent employer first

2017 Version

YOUR PRESENT OR MOST CURRENT EMPLOYER					TYPE OF BUSINESS	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()	
POSITION TITLE	PAY		DATES EMPLOYED			
	START \$	END \$	FROM:	TO:		
DUTIES PERFORMED						
REASON(S) FOR LEAVING					IF CURRENT EMPLOYER, MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS EMPLOYER NAME:					TYPE OF BUSINESS:	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()	
POSITION TITLE	PAY		DATES EMPLOYED			
	START \$	END \$	FROM:	TO:		
DUTIES PERFORMED						
REASON(S) FOR LEAVING						
PREVIOUS EMPLOYER NAME:					TYPE OF BUSINESS:	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()	
POSITION TITLE	PAY		DATES EMPLOYED			
	START \$	END \$	FROM:	TO:		
DUTIES PERFORMED						
REASON(S) FOR LEAVING						
PREVIOUS EMPLOYER NAME:					TYPE OF BUSINESS:	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()	
POSITION TITLE	PAY		DATES EMPLOYED			
	START \$	END \$	FROM:	TO:		
DUTIES PERFORMED						
REASON(S) FOR LEAVING						
PREVIOUS EMPLOYER NAME:					TYPE OF BUSINESS:	
SUPERVISOR NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER ()	
POSITION TITLE	PAY		DATES EMPLOYED			
	START \$	END \$	FROM:	TO:		
DUTIES PERFORMED						
REASON(S) FOR LEAVING						

PROFESSIONAL REFERENCES – WITH WHOM WE MAY CHECK (OTHER THAN RELATIVES)

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER ()
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER ()
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER ()

BACKGROUND

2017 Version

**HAVE YOU EVER BEEN EMPLOYED WITH HI-TECH PRINTING?
OR HAVE YOU EVER HAD AN OFFER OF EMPLOYMENT MADE TO YOU?** YES NO

IF YES, WHEN? _____

REASON FOR LEAVING? _____

IF A JOB OFFER IS EXTENDED TO YOU, WOULD YOU BE ABLE TO PROVE YOUR ELIGIBILITY TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OR NO CONTEST TO A FELONY?

(INCLUDE ANY AND ALL INSTANCES OF THE FOREGOING EVEN IF ADJUDICATION WAS WITHHELD.)

YES NO IF YES, EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY OR NO CONTEST TO A MISDEMEANOR?

(INCLUDE ANY AND ALL INSTANCES OF THE FOREGOING EVEN IF ADJUDICATION WAS WITHHELD.)

YES NO IF YES, EXPLAIN:

PLEASE INDICATE WHETHER YOU ARE CURRENTLY RESTRICTED BY ANY EMPLOYMENT AGREEMENTS (NON-COMPETE, CONFIDENTIALITY)

YES NO If yes, a copy of all agreements that have not expired must be submitted with this employment application.

(Only complete if you are applying for a position that requires driving)

DRIVER'S LICENSE # _____ STATE _____ REGULAR CDL CLASS _____

ENDORSEMENTS? _____

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED? YES NO IF YES, EXPLAIN:

HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS OR VIOLATIONS IN THE LAST SEVEN YEARS?

YES NO IF YES, EXPLAIN:

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, (including contract services), I authorize the investigation of all statements contained in this application, and that investigative background inquiries may be conducted including consumer, criminal, driving and other reports. These reports may include information as to my character, work habits, work performance and experience and experience along with reasons for termination of past employment. Further, I understand that you may be requesting information from federal, state and other agencies which maintain records concerning my past activities related to my driving, criminal and other activities. I understand that, if employed, false statements, omissions or misleading statements on this application shall be considered sufficient cause for dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading statements.

I hereby authorize any party or agency contacted by Hi-Tech Marketing Solutions to furnish the above mentioned information.

I HAVE THOROUGHLY READ AND UNDERSTAND ALL OF THE ABOVE DISCLOSURES AND AGREE TO ALL TERMS AND CONDITIONS OF EMPLOYMENT AS SET FORTH ABOVE. I FURTHER AGREE TO COMPLY WITH ALL COMPANY POLICIES THAT MAY BE IMPLEMENTED AT A FUTURE DATE.

Signature of Applicant

Date

PLEASE INDICATE AVAILABILITY TO WORK: FULL TIME PART TIME

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Could you work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO			Could you work four 10-hour shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO			

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Craigslist.org	<input type="checkbox"/> Monster.com	<input type="checkbox"/> Florida State Website	<input type="checkbox"/> Employee Referral
<input type="checkbox"/> DICE.com	<input type="checkbox"/> Company Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (specify)

If an Employee Referral, Name of Employee:

If University/College, Name of Institution:

WHAT DO YOU CONSIDER TO BE YOUR STRONGEST POINTS?

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WHAT DO YOU CONSIDER TO BE YOUR WEAKEST POINTS?

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WHAT TALENTS WOULD YOU BRING TO HI-TECH PRINTING?

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DRUG & ALCOHOL-FREE WORKPLACE POLICY NOTICE TO APPLICANT

IT IS OUR POLICY THAT ALL EMPLOYEES ARE PROHIBITED FROM THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE INCLUDING ALCOHOL IN THE WORKPLACE.

DRUG AND ALCOHOL TESTING MAY OCCUR AFTER EVERY JOB RELATED ACCIDENT; BENEFITS WILL BE DENIED IF TESTS ARE POSITIVE. TESTING SHALL ALSO OCCUR IF THERE IS A REASONABLE SUSPICION OF ABUSE. THE FOLLOWING DRUGS WILL BE TESTED FOR UNDER OUR COMPANY POLICY: ALCOHOL, COCAINE, DEPRESSANTS, I.E. BARBITURATES, MARIJUANA, NARCOTICS AND STIMULANTS. ANY EMPLOYEE VIOLATING THIS POLICY WILL BE SUBJECT TO IMMEDIATE DISCHARGE.

I UNDERSTAND THAT AS A CONDITION OF MY EMPLOYMENT I VOLUNTARILY SUBMIT TO PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING AND I AGREE TO FOLLOW, WITHOUT RESERVATION, THE DRUG AND ALCOHOL-FREE WORKPLACE POLICY.

Applicant Initial of Acknowledgement _____