



EMPLOYMENT APPLICATION

2400 Main St. Extension, Suite 8, Sayreville, NJ 08872
 Tel.: 973-893-2913 • Fax: 888-852-9639

NOTE: This form has been designed to aid us in placing you in a position best suited to your experience and interests. Please print or type all information in full. Attach supplemental sheets if necessary.	DATE
POSITION APPLIED FOR	SALARY DESIRED

PERSONAL

NAME Last First Middle	Have you ever worked or attended school under another name? If yes, - Name:	SOCIAL SECURITY NUMBER
ADDRESS Street & Number City or Town State Zip	TELEPHONE NO. (include area code)	
EVER BEEN CONVICTED OF ANY LAW VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? A YES ANSWER IS NOT AUTOMATIC DISQUALIFICATION. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? IF YOU ARE HIRED, PROOF OF ELIGIBILITY TO WORK WILL BE REQUIRED.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

	NAMES & LOCATIONS OF SCHOOLS	DATES ATTENDED		DID YOU GRADUATE?	DEGREE / MAJOR	GRADES/ G.P.A.
		From	To			
HIGH SCHOOL						
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	MO / YR	
POST-GRADUATE				YES <input type="checkbox"/> NO <input type="checkbox"/>	MO / YR	
OTHER				YES <input type="checkbox"/> NO <input type="checkbox"/>	MO / YR	

MISCELLANEOUS

LIST MEMBERSHIPS IN BUSINESS, PROFESSIONAL & TECHNICAL SOCIETIES			
LIST IN ORDER OF DECREASING COMPETENCE, THOSE SPECIALTIES IN WHICH YOU HAVE HAD EXPERIENCE OR TRAINING	SPECIALTY		No. Yrs.
	1		
	2		
	3		
	4		

(OVER)

LCI Graphics, Inc. is an Equal Opportunity Employer

RECORD OF EMPLOYMENT

NOTE: List present or last position first and continue with each prior position. Attach supplementary form if necessary.

COMPANY		YOUR TITLE	
ADDRESS		YOUR JOB FUNCTIONS	
TYPE OF BUSINESS	TELE. NO.(include area code)		
DATES EMPLOYED FROM: (Mo. / Yr.) TO: (Mo. / Yr.)			
STARTING BASE SALARY	ENDING BASE SALARY	REASON FOR LEAVING	
IMMEDIATE SUPERVISOR (Name & Title)			

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I certify that the statements in this application are true and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for rejection of the application or separation from the Company's service if I have been employed.

I authorize LCI Graphics, Inc. to collect the following information about me in connection with this application for employment.

1. From any schools I have attended - information regarding dates of attendance, grades, class rank, courses taken, and evaluation of my performance.
2. From any employer for whom I have worked - dates of employment, job duties, information about my work performance, attendance, reason(s) for leaving, and eligibility for rehire. Please check this box if you do not wish LCI Graphics, Inc. to contact your present employer at this time.

I also expressly release all of those prior employers and LCI Graphics, Inc. from any liability arising from their giving the information about my employment history.

I understand that if I am offered a job I may be required to take a medical exam and that the offer of employment may be withdrawn based on the results of the exam. I hereby consent to a medical exam.

I understand that employment is contingent on successfully passing a drug test. I hereby consent to such drug test.

PLEASE READ THIS CAREFULLY BEFORE SIGNING THE APPLICATION. I understand that nothing in this employment application, in the Company's policy statements or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I understand that the Company has the right to modify its policies without my agreement and without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by a Company officer. I understand that if I am hired I have the right to terminate my employment at any time for any reason. I also understand that the Company retains the right to terminate my employment at any time for any reason with or without good cause.

DATE	SIGNATURE OF APPLICANT
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This application is current only for thirty (30) days, at the conclusion of which time if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.