



# EMPLOYMENT APPLICATION

As an employer, we appreciate your taking the time to complete this application. It is important that all questions be answered completely and accurately. If there is insufficient space to complete your answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer and we comply with applicable federal, state and local laws, regulations and ordinances which prohibit discrimination against qualified applicants and employees. We prohibit any form of workplace harassment. Please print or write neatly. Thank you!

## PERSONAL INFORMATION

Full legal name \_\_\_\_\_  
(Please use complete names rather than initials. Show any nicknames in parentheses.)

Present home address \_\_\_\_\_  
Street Address, City, State, Zip

Present home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Are you at least age 18?  yes  no

Do you have relatives in our line of business in Texas?  yes  no  
If yes, please list them and their employers \_\_\_\_\_

Do you have any relatives currently employed by Real Graphics?  yes  no. If yes, please list them  
\_\_\_\_\_

Date you are available to begin work \_\_\_\_\_

What is your availability for work?  part time  full time

If part time please indicate which hours and days of the week you are available \_\_\_\_\_  
\_\_\_\_\_

Are you willing to work flexible hours, which could include nights, weekends and/or overtime?  yes  no

Do you plan to engage in other work while in our employ?  yes  no. If yes, please describe the work, as well as the hours and days of the week involved  
\_\_\_\_\_

What languages (including English) do you speak, read or write proficiently?

Language	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you served in the United States Armed Services?  yes  no  
If yes, please state branch and dates of service \_\_\_\_\_

How were you referred to us?  
 Advertisement  Friend  Relative  Walk-in  Agency  Other \_\_\_\_\_

**EDUCATION**

Highest level of education completed: \_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_\_

College, trade, business or vocational school attended: \_\_\_\_\_

Academic honors or awards: \_\_\_\_\_

Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications?  yes  no.

If yes, please describe all licenses and certificates below.

\_\_\_\_\_

Have you ever had a professional or vocational license or certification (if any) denied, revoked, or suspended?  yes  no. If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been debarred, excluded or suspended from participation in any program involving payment or reimbursement for services sponsored, conducted or funded by the Federal Government?  
 yes  no

**OTHER QUALIFICATIONS**

Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you (including strengths, weaknesses, goals, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

(Do not include relatives or previous employers)

Name	Phone Number	Occupation	Years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EMPLOYMENT HISTORY

We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed?  yes  no. May we contact your current employer at this time?  yes  no  
If no, please explain: \_\_\_\_\_

(Permission to contact your current employer for a reference check will be required before hiring.)

Please provide below your complete work history (full-time and part-time) for the preceding four employers or past 10 years, whichever is greater. Explain all gaps in employment during this period in the next section. Use additional sheets if necessary to provide complete information.

### Current or last employer

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_  
Position and duties \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving:

- Resigned with notice  Quit without notice  Asked to resign  Terminated  Laid off  
 Other (Be specific) \_\_\_\_\_

### Next previous employer

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_  
Position and duties \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving:

- Resigned with notice  Quit without notice  Asked to resign  Terminated  Laid off  
 Other (Be specific) \_\_\_\_\_

### Next previous employer

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_  
Position and duties \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving:

- Resigned with notice  Quit without notice  Asked to resign  Terminated  Laid off  
 Other (Be specific) \_\_\_\_\_

**Next previous employer**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_

Position and duties \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for leaving:

Resigned with notice  Quit without notice  Asked to resign  Terminated  Laid off

Other (Be specific) \_\_\_\_\_

Please attach a copy of any employment recommendation letters which relate to the position for which you are applying.

**Other employment history information**

Please explain all periods of unemployment between the above jobs \_\_\_\_\_

If you have ever been terminated from employment or asked to resign by any employer other than those listed above?  yes  no. If yes, please provide employer(s), location, date and explanation: \_\_\_\_\_

**DRIVING RECORD**

Answer the following questions only if you are applying for a position which involves driving on the job. If it not need, please skip this section.

Can you safely drive a vehicle?  yes  no.

Do you have a valid, unexpired driver's license?  yes  no. If yes, please state your current driver's License number \_\_\_\_\_ Expiration date \_\_\_\_\_ Issuing state \_\_\_\_\_

Has your driver's license been revoked, suspended or denied during the past five years?  yes  no.

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

List all traffic violations (other than parking tickets) for which you pled guilty, were convicted or pled no contest/ nolo contendere during the past five years.

Year	Nature of violation	Location (city and state)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **ILLEGAL USE OF DRUGS AND MEDICAL EXAM/QUESTIONNAIRE**

Real Graphics has a ZERO illegal drug tolerance policy for all employees. This work place requires reliable attendance and dependable performance during work hours. You may be asked to submit to testing for the current illegal use of drugs before or after any offer of employment is made to you.

Do you engage in the current illegal use of drugs (for example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)?  yes  no

Are you willing to be tested for the current illegal use of drugs?  yes  no.

## **CRIMINAL HISTORY INFORMATION**

Have you ever been convicted of any violation of the law?  yes  no

If yes, please explain

---

All state and federal misdemeanor and felony convictions, and all military and foreign convictions must be disclosed.

Are there any criminal convictions pending against you at this time?  yes  no

If you are among the final candidates being considered for a position or if you receive a conditional offer of employment, you may be asked to complete a form with questions about any past criminal history, and the Employer may request your authorization to conduct a criminal background check on you. If you refuse to answer or falsely answer any of the criminal history questions, you will not be further considered for employment.

## **CERTIFICATION AND AUTHORIZATION BY EMPLOYMENT APPLICANT**

Employer's Name Real Graphics LLC

Date \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

(Please use complete names rather than initials. Show any nicknames in parentheses.)

For purposes of this certification and authorization, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resumé, biographical sheet, or other documents submitted by Applicant.

I certify that all information provided on this application and in any resúmes and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is requested by this application.

I understand that any false, misleading, or incomplete information on this application or resúmes and exhibits will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize the Employer and agencies or companies of the Employer's choice to investigate or to make any inquiry about any information contained in this application, including, without limitation:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resumé, or biographical sheet submitted by me;
2. Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills.
5. Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention while I am an employee. Authority to obtain such work history information expires 365 days from the date of this application.

**Applicant's Initials:** \_\_\_\_\_

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employer and/ or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information. A copy of this authorization and release shall be as valid as the original.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees and customers. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that any job offer will be withdrawn and that I will not be further considered for employment.

If I receive a conditional offer of employment, I understand that I may be asked to submit to a medical examination performed by a medical practitioner who is chosen and paid for by the Employer. I further understand that I may be asked to complete a medical questionnaire or answer medical inquiries proposed by the Employer. The results of such examinations and/or questions will be communicated to the Employer or its agents. If I refuse to submit to a post-job offer medical examination or respond to medical questions, I understand that I will not be further considered for employment. I understand that if I receive a conditional offer of employment, I may be asked to sign a separate form authorizing a medical examination.

If I am among the final candidates for a position or if I receive a conditional offer of employment, I understand that I may be asked to complete a form with questions about my past criminal history and that the Employer may request my authorization to conduct a criminal background check on me. If I refuse to answer or falsely answer any of the criminal history questions, I understand I will not be further considered for employment. I also understand that any past criminal history could possibly disqualify me for employment.

I understand that I will be provided a separate notice and authorization form to sign if the Employer elects to obtain consumer reports, including but not limited to criminal, income, credit or work history reports, for employment purposes under the federal Fair Credit Reporting Act.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide documents verifying my identity and right to work in the U.S.A.

If I am employed, I acknowledge that I must comply with the Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job for which I am applying requires reliable attendance and dependable performance during the contemplated working hours. I further understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that any employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that any information shared with the applicant during the interview process or employment at Real Graphics LLC is confidential. All suppliers, processes, policies and procedures cannot be shared in any way. I understand I am subject to a Non-Disclosure Agreement and/or a Non-Compete Agreement covering my interview process and potential employment.

I understand that this application does not constitute an offer of employment or an employment contract.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Driver's License No. (or alternative identification)  
identification)

\_\_\_\_\_  
State Issuing Driver's License (or alternative

\_\_\_\_\_ Please also attach or include your complete resume. \_\_\_\_\_