



Application for employment

Please read carefully, print clearly, answer all questions and sign and date the form. Federal and State laws prohibit discrimination in employment because of sex, age, race, color, religion, national origin, ancestry, citizenship, marital status, physical or mental disabilities, sexual orientation, pregnancy or medical condition.

PERSONAL INFORMATION

Name: _____
(last) (first) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip Code)

Phone Number: (____) _____ Social Security Number: _____

EMPLOYMENT DESIRED

Position: First Choice: _____ Second Choice: _____

Shift: [] Day [] Swing [] Night Date Available to start work: _____

Please answer the following questions:

Have you applied with Sol Graphix, Inc. or any of its affiliate/sister companies before?.....[] yes [] no

If yes, which company, what position and when? _____

Do you have the legal right to work in the United States?.....[] yes [] no

Are you at least 18 years of age?.....[] yes [] no

Have you ever been convicted of a felony or misdemeanor?[] yes [] no

If yes, when, where and disposition of case _____

(note, conviction records will not necessarily bar employment).

EMPLOYMENT HISTORY

List most recent employer first:

Employed from _____ to _____ Company Name: _____
(month/year) (month/year)

Company Address: _____ Phone number _____

List Specific Job Duties, responsibility and technical or mechanical equipment used to perform your job function.

Position first held with company? _____ Last or current position: _____

Starting Salary? _____ Last or current salary: _____

Reason for leaving? _____

May We Contact this Employer? [] yes [] no

EMPLOYMENT HISTORY (CONTINUED)

Previous Employer:

Employed from _____ to _____ Company Name: _____
(month/year) (month/year)

Company Address: _____ Phone number _____

List Specific Job Duties, responsibility and technical or mechanical equipment used to perform your job function.

Position first held with company? _____ Last or current position: _____

Starting Salary? _____ Last or current salary: _____

Reason for leaving? _____

May We Contact this Employer? [] yes [] no

Previous Employer:

Employed from _____ to _____ Company Name: _____
(month/year) (month/year)

Company Address: _____ Phone number _____

List Specific Job Duties, responsibility and technical or mechanical equipment used to perform your job function.

Position first held with company? _____ Last or current position: _____

Starting Salary? _____ Last or current salary: _____

Reason for leaving? _____

May We Contact this Employer? [] yes [] no

EDUCATION

High School, GED: _____ Graduated? [] yes [] no
(School Name, City and State)

College or University: _____ Graduated? [] yes [] no
(School Name, City and State)

Technical or Trade : _____ Graduated? [] yes [] no
(School Name, City and State)

List awards, certificates, training or special skills: _____

APPLICANT STATEMENT

Initial each numbered item as read

- _____ 1. The information that I have provided on this application is accurate to the best of my knowledge.
- _____ 2. I understand and agree that any misrepresentation or deliberate omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- _____ 3. I authorize all persons, schools or organizations name in this application to provide any relevant information in their possession or knowledge to Sol Graphix, Inc. for use in deciding whether or not to offer me employment and specifically waive any require written notifications. I understand that a routine inquiry may be made which will provide information concerning character and general reputation and personal characteristics. Upon written request by me, additional information as to the nature and scope of the report, if one is made, will be provided to me. I hereby release Sol Graphix, Inc., my former employers and all other persons from any and all claims, demands, or liability arising out of , or in anyway related to such inquire or discloser.
- _____ 4. I understand and agree that in the event of any issue or dispute arising under or involving any provision of the employees' terms of employment with Sol Graphix, Inc. or the termination of employment (except for claims of workers' compensation, unemployment insurance, and any matter within in the jurisdiction of the California Labor Commissioner), the issue shall be submitted to final and binding arbitration.
- _____ 5. I understand and agree that the employment for which I am applying is, and is intended to be, at –will and such employment may be terminated at anytime with our without notice or cause by either myself or Sol Graphix, Inc.. There will be no agreement, expressed or implied, between Sol Graphix, Inc. and me for any specific period of employments, nor for continuing or long term employment, unless made in writing and signed by the Sol Graphix, Inc. President or CEO.
- _____ 6. In connection with my application for employment with Sol Graphix, Inc., I understand that investigation inquiries are to be made by Sol Graphix, Inc. or its agents on myself which may include consumer, criminal, civil and driving background and verification of the Social Security Number provided is valid. I understand that Sol Graphix, Inc. or it s agents will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil, driving and other experiences, and that upon written request by me, additional information as the nature and scope of the report, if one is made, will be provide to me. I understand by signing below that I consent to Sol Graphix, Inc. or its agents obtaining the above information.
- _____ 7. I understand that Sol Graphix, Inc. is committed to maintaining a drug and alcohol free workplace. Accordingly I may be subject to a pre-employment blood test, urinalysis, or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if Sol Graphix, Inc. has reasonable suspicion to believe that I am under the influence of a drug and or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire, or, if already employed, termination.
- _____ 8. I understand Sol Graphix, Inc. has the authority to monitor and record all phone conversations and inspect company issued technology.

APPLICANT ORIGATION

Please indicate how you heard about job opportunities with Sol Graphix, Inc. by checking the appropriate box on the left and providing the information requested.

- [] Friend or acquaintance: Name: _____
- [] Online Job Board: Name of board(s): _____
- [] Placement agency: Name of agency: _____
- [] Newspaper: Name of paper: _____
- [] Sol Graphix, Inc. Web Site
- [] General word of mouth/reputation

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant Signature

Date