



10601 W 79th Street
Shawnee, KS 66214

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of **InkCycle, Inc.** to provide employment opportunities without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or veteran's status in accordance with applicable federal, state and local laws.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or **incomplete** may prevent us from considering your application.

PERSONAL DATA

First Name Middle Initial Last Name

Address: Street City State Zip Telephone

Email address Alternative Telephone

Are you currently employed? Yes ___ No ___

Are you legally authorized to work in the US? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___ If no, please list your age. _____

POSITION INFORMATION

Position Applied for: _____

Salary Desired: \$_____ per _____

Referral Source: Advertisement, Placement Firm (firm name):(specify), School Placement (school name), State, Internet: (Specify), Walk-in: _____

Are people you know or related to, or were you referred by someone employed at InkCycle, Inc.? Yes ___ No ___ If "Yes," please give the person's Name, Relationship to you, and his/her position at InkCycle, Inc.: _____

Are you willing to work any shift, including evenings, nights and weekends? Yes ___ No ___ If no, please state limitations: _____

If applicable, are you available to work overtime? Yes ___ No ___

If you receive a job offer, how soon are you available to start work? _____

Have you ever applied for employment at InkCycle, Inc. before? Yes ___ No ___? If so when? _____

Have you ever been employed by InkCycle, Inc.? Yes ___ No ___ If "Yes," when? _____



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What was your last position at InkCycle, Inc.? _____ Who was your supervisor at InkCycle, Inc.? _____

EDUCATION

High School (Name, City, State): _____
Graduate? Yes ___ No ___ GED? _____

College or University: (Name, City, State): _____
Graduate? Yes ___ No ___ Major: _____

Graduate studies (School, City, State): _____
Graduate? Yes ___ No ___ Major: _____

OTHER: Junior College, Community College, Technical, Vocation (School, City, State)

Graduate? Yes ___ No ___ Major: _____

List any scholarships, academics honors, awards, and/or special achievements and recognition

Professional Training and Certifications:
Course/Certification: _____ Date Completed _____
Course/Certification: _____ Date Completed _____
Course/Certification: _____ Date Completed _____

SKILLS

Indicate what skills (trained, untrained, self-taught) that may be of value to InkCycle, Inc. (IT, ERP, TQM, ISO, programming, automotive mechanic, photography, hobbies): _____

_____ Typing Speed (WPM): _____

Word Processing/Office Programs used: _____

Microsoft Office Suite; **Word:** Basic ___ Intermediate ___ Advanced ___ **Excel:** Basic ___ Intermediate ___
Advanced ___ **Email:** Basic ___ Intermediate ___ Advanced ___

Indicate experience in years and months for each area:
Accounting: _____ Bookkeeping: _____ Payroll: _____
10-Key Adding Machine: _____ Statistics: _____ Calculator: _____

EMPLOYMENT HISTORY

IMPORTANT! Starting with your present or most recent employer, list in consecutive order all employment periods since you graduated from or last attended high school. Employment can be listed on a separate page(s) if necessary.

Present or most recent Employer: _____
City/ State: _____ Telephone: _____
Last position: _____ Can we contact this employer? Yes ___ No ___

Duties: _____

Name and title of Supervisor: _____ Reason for leaving _____
Employed From: _____ To: _____ Start Salary: _____ End Salary: _____

Previous Employer: _____
City/ State: _____ Telephone: _____
Last position: _____ Can we contact this employer? Yes ___ No ___
Duties: _____

Name and title of Supervisor: _____ Reason for leaving _____
Employed From: _____ To: _____ Start Salary: _____ End Salary: _____

Previous Employer: _____
City/ State: _____ Telephone: _____
Last position: _____ Can we contact this employer? Yes ___ No ___
Duties: _____

Name and title of Supervisor: _____ Reason for leaving _____
Employed From: _____ To: _____ Start Salary: _____ End Salary: _____

Previous Employer: _____
City/ State: _____ Telephone: _____
Last position: _____ Can we contact this employer? Yes ___ No ___
Duties: _____

Name and title of Supervisor: _____ Reason for leaving _____
Employed From: _____ To: _____ Start Salary: _____ End Salary: _____

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? Please explain: _____

Have you signed Non-Compete with a previous employer? Yes ___ No ___ Initials _____
Have you signed any other Agreement with a previous employer that would prohibit you from working for InkCycle, Inc.? Yes ___ No ___ Initials _____

MISCELLANEOUS INFORMATION

Do you have adequate transportation to get to and from work? Yes ___ No ___

Are you able to perform essential functions of the job position with or without reasonable accommodation?
Yes ___ No ___

Reasonable accommodation, if any, required: _____

If hired, are you willing to submit to and pass a controlled substance test? Yes ___ No ___

PROFESSIONAL REFERENCES

Use only people with whom you have worked in a previous position or who have first-hand knowledge of your academic or professional qualifications. Please do not list anyone from your current employer if you do not want us to contact your current employer.

Name: _____ Relationship/Company _____ Phone # _____

Name: _____ Relationship/Company _____ Phone # _____

Name: _____ Relationship/Company _____ Phone # _____

CERTIFICATION

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize InkCycle to contact former employers and educational organizations regarding my employment and education. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____