



EMPLOYMENT APPLICATION:

Document Security Solutions is in Equal Opportunity Employer. Race, color, religion, age sex, disability, marital or veteran status, Place of national origin and other categories protected by law are not factors in employment, promotion, compensation and working conditions.

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for					Are you a Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Do you have a valid driver's license? <small>(If required for the position)</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	Number:	Exp Date					
If hired, would you have reliable means of transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(if under 18, hire is subject to verification that you are of minimum legal age)							
Have you ever applied to, or worked for Document Security Solutions before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes when							
Do you have friends or relatives working for Document Security Solutions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes state name and relationship							
Are you able to perform the functions of the job for which you are applying, either with or without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests)										
High School				Address						
Number of Years Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address						
Number of Years Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address						
Number of Years Completed	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

REFERENCE	
<i>Please list a professional reference.</i>	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

COMPANY				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
COMPANY				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
COMPANY				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

___ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

___ I hereby authorize Document Security Solutions to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Document Security Solutions my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

___ I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment background check. By signing this application, I voluntarily agree to submit to a pre-employment drug and background screen. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

___ If hired, I also agree to submit to random alcohol and drug testing as a condition of employment. I agree that Document Security Solutions may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to random alcohol/drug screen will be considered a voluntary resignation of employment.

___ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Document Security Solutions. In addition, I understand and agree that if I am employed; my employment relationship with Document Security Solutions is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself Document Security Solutions, and that no promises or representations contrary to the foregoing are binding on Document Security Solutions unless made in writing and signed jointly by the President/CEO and myself.

___ Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either Document Security Solutions or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such a dispute shall be limited to back pay.

___ I understand and agree that any future changes I my title, duties, compensation, working conditions, and/or Document Security Solutions benefits, policies and procedures will not alter our at-will and arbitration agreements.

___ I understand that if offered employment, I will as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

___ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid local drivers' license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Document Security Solutions auto insurance, if required for my position.

SIGNATURE**DATE**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE