



# CPS PRINTING APPLICATION FOR EMPLOYMENT



**Return To:** CPS Printing, Human Resources, 2304 Faraday Ave, Carlsbad, California 92008  
Phone: (760) 438-9411; Fax: (760) 438-0974; or email to: jobs@cpsprinting.com

CPS Printing is an Affirmative Action and Equal Opportunity employer and recruits, advertises, employs, promotes, transfers, disciplines, and discharges without regard to race, color, creed, national origin, age, disability, sex, marital status, ancestry, medical condition, pregnancy, veteran status, sexual orientation, or any other applicable status protected by state and/or federal law.

| <b>PERSONAL INFORMATION (PLEASE PRINT)</b>   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
|--|------------------------------------|-----------------------|--|--------------------------------|--------------------------------------|-------------------------|---|--------------------------|------------------------|-----|
| Last Name  |                                    |                       | First Name   |                                |                                      | Middle Name             |   | <b>Today's Date</b>      |                        | / / |
| Present Address – No. and Street   |                                    |                       |  |                                |                                      | City                    |   | State                    | Zip Code               |     |
| Home Phone   |                                    | Cell Phone            |  | Work Phone                     |                                      | Email Address           |   |                          |                        |     |
| Drivers License #/State  |                                    | Have you ever before: | Applied for work at CPS? Yes No  |                                | Date:                                |                         | If you are under age 18, do you have a work permit? |                          | Yes                    |     |
|  |                                    |                       | Worked for CPS? Yes No   |                                | Date:                                |                         |   |                          | No                     |     |
| Are you legally authorized to work in the U.S.? Yes No   |                                    |                       |  |                                |                                      | Social Security Number: |   |                          |                        |     |
| Have you ever been convicted of a crime? Yes No  |                                    |                       | If <b>yes</b> , describe nature of the crime(s), date and plan of conviction and legal disposition of the case:  |                                |                                      |                         |   |                          |                        |     |
| <i>(Under CA law, you may exclude convictions for marijuana-related offenses more than 2 years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed)</i> |                                    |                       | <i>(CPS Printing will not deny employment to any applicant solely because the person has been convicted of a crime. CPS Printing, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for).</i> |                                |                                      |                         |   |                          |                        |     |
| Please list below if you have ever worked under or earned degrees under another name (i.e., maiden name)   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| Other Names:   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| <b>ADDITIONAL INFORMATION</b>  |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| <b>Position Applying For:</b>  |                                    |                       |  |                                | Salary Desired:                      |                         |   | Date available:          |                        |     |
| Do you have any relatives employed at CPS?   |                                    | Yes                   | If <b>yes</b> , please list name(s):   |                                |                                      |                         |   |                          |                        |     |
|  |                                    | No                    |  |                                |                                      |                         |   |                          |                        |     |
| Do you have any commitments to another employer or organization which might interfere with or affect your employment with us?  |                                    |                       | Yes  | No                             | If <b>yes</b> , please describe:     |                         |   |                          |                        |     |
| What prompted your interest in CPS?  |                                    | Walk-in               | Advertisement (please specify)   |                                | Employee Referral (Enter name below) |                         | Agency (please specify)                             | Web (please specify)     | Other (please specify) |     |
| <b>EDUCATION AND TRAINING (Indicate Last Level of Education Completed)</b>   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| High School: 1 2 3 4   |                                    |                       |  | College or University: 1 2 3 4 |                                      |                         |   | Graduate School: 1 2 3 4 |                        |     |
| Education  | Name and Location (City and State) |                       |  |                                | GPA                                  | Major                   |   | Degree Earned            | Date                   |     |
| College or University  |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| Graduate School  |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| Business, Trade or Vocational School   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| List Foreign Languages:  |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| <b>SPECIAL SKILLS/TRAINING</b>   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
|  |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
| <b>CERTIFICATIONS/LICENSES</b>   |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |
|  |                                    |                       |  |                                |                                      |                         |   |                          |                        |     |

**PLEASE PRINT and fill out employment information even if included on your resume**

List your last 3 employers with the most recent first. If you are currently employed, may we contact your employer?  Yes  No

|                            |    |     |      |                      |                       |             |             |
|----------------------------|----|-----|------|----------------------|-----------------------|-------------|-------------|
| Date Employed              |    |     |      | Starting Salary/Wage | Present/Last Employer |             |             |
| From                       | Mo | Day | Year | \$                   | Ending Salary/Wage    | Phone #     | City, State |
|                            |    |     |      |                      |                       |             |             |
| To                         |    |     |      | \$                   |                       |             |             |
| Supervisor's Name / Title: |    |     |      |                      |                       | Your Title: |             |
| Duties Performed:          |    |     |      |                      |                       |             |             |
| Reason for Leaving:        |    |     |      |                      |                       |             |             |

|                            |    |     |      |                      |                       |             |             |
|----------------------------|----|-----|------|----------------------|-----------------------|-------------|-------------|
| Date Employed              |    |     |      | Starting Salary/Wage | Present/Last Employer |             |             |
| From                       | Mo | Day | Year | \$                   | Ending Salary/Wage    | Phone #     | City, State |
|                            |    |     |      |                      |                       |             |             |
| To                         |    |     |      | \$                   |                       |             |             |
| Supervisor's Name / Title: |    |     |      |                      |                       | Your Title: |             |
| Duties Performed:          |    |     |      |                      |                       |             |             |
| Reason for Leaving:        |    |     |      |                      |                       |             |             |

|                            |    |     |      |                      |                       |             |             |
|----------------------------|----|-----|------|----------------------|-----------------------|-------------|-------------|
| Date Employed              |    |     |      | Starting Salary/Wage | Present/Last Employer |             |             |
| From                       | Mo | Day | Year | \$                   | Ending Salary/Wage    | Phone #     | City, State |
|                            |    |     |      |                      |                       |             |             |
| To                         |    |     |      | \$                   |                       |             |             |
| Supervisor's Name / Title: |    |     |      |                      |                       | Your Title: |             |
| Duties Performed:          |    |     |      |                      |                       |             |             |
| Reason for Leaving:        |    |     |      |                      |                       |             |             |

**PROFESSIONAL REFERENCES (Please List Only References We May Contact At This Time)**

| Name | Title and Professional Relationship | Phone Number and Extension |
|------|-------------------------------------|----------------------------|
|      |                                     | Home Work                  |
|      |                                     | Home Work                  |
|      |                                     | Home Work                  |

**APPLICANT RELEASE**

I certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind. I understand that any false statements or material omissions of fact made by me in this employment application or the interview process may disqualify me from employment or result in my termination. I release CPS Printing, its employees and agents from any and all liability for failing to hire me or terminating my employment due to such false information or material omissions.

I understand that CPS Printing follows an "employment at will" policy, in that in the event I become employed by CPS Printing, either the company or I may terminate my employment at any time, with or without notice, for any reason or no reason at all. I also understand that no person, other than the President of CPS Printing, has the authority to modify the terms of my at-will employment, and that any such modification will not be binding unless it is in writing and signed by the President. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that CPS Printing is a drug-free workplace and requires certain information about me to evaluate my qualification for employment. I authorize CPS Printing to investigate my past employment, education credentials, criminal records (if any), reference checks and other employment-related activities. I agree to cooperate in any investigations and I hereby release those parties supplying pertinent information to CPS Printing from all liability or responsibility with respect to information supplied. I also authorize my prior employers and individuals whom I have listed as references to supply CPS Printing with information which it requests concerning my past employment, education, experience and qualifications.

I understand this application is only valid for the position applied for at present and that CPS Printing is not obligated to retain or consider this application for future openings. I understand that if I am hired I will preserve in strictest confidence both CPS Printing's proprietary and/or confidential information belonging to third parties which I learn of as a result of my employment at CPS Printing. I also understand that if I am hired I will not be free to hold or accept employment with others which would create a conflict of interest with my employment at CPS Printing.

My signature below certifies that I have read and understood and agree to the aforementioned.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_