



924 SOUTH 4TH ST. LINDENHURST, NY 11757 MOBILE 631-972-2522 FAX 631-412-3532 www.turtlegraphxinc.com

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: (    ) E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

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 yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

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

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

#### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    )  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    )  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    )  
Address: \_\_\_\_\_



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**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 NO

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 NO

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 NO

**Military Service**

Branch: From: To:  
Rank at Discharge: Type of Discharge:  
If other than honorable, explain:

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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