





**DO YOU HAVE A DRIVER'S LICENSE?      NO      YES**

What is your means of transportation to work? \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you had any accidents during the past three years?      NO      YES

Have you had any moving violations during the past three years?      NO      YES

Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**HAVE YOU EVER BEEN IN THE ARMED FORCES?      NO      YES**

**ARE YOU NOW A MEMBER OF THE NATIONAL GAURDS?      NO      YES**

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**EXPERIENCE:** Please list your work experiences for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Pay or salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Telephone: \_\_\_\_\_ Your last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Employment dates: From \_\_\_\_\_ To \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Pay or salary: Start \_\_\_\_\_ Final \_\_\_\_\_

Telephone: \_\_\_\_\_ Your last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Name of Employer: _____	Name of last supervisor: _____
Address: _____	Employment dates: From _____ To _____
City, State, Zip Code: _____	Pay or salary: Start _____ Final _____
Telephone: _____	Your last job title: _____
Reason for leaving (be specific): _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____	
_____	
_____	

**Signature / Certification**

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Repro X-Press, Inc. to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Repro X-Press, Inc. by any of the schools, services, or employers listed on this application.

<b>Signature:</b> _____	<b>Date:</b> _____
-------------------------	--------------------