Copiers *Duplicators *Facsimiles *Printers

COPYPRO
The Professional Office Systems People

3103 Landmark Street *Greenville, NC 27834
5509-A Business Drive * Wilmington, NC 28405
Toll Free 1-800-682-6558

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire/An Equal Opportunity Employer)

PERSONAL INFORMATION Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number _____ Are you 18 years or older? Yes ____ No ____

Email: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ____ No ____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? Yes ____ No ____

Have you ever applied to the company before? _____ Where? _____ When? _____

Referred By: _____

EDUCATION

	Name & Location of School	No. of yrs. Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade/Business School				

GENERAL: Subjects or Special Study or Research Work: _____

_____

_____

Special Job-Related Skills (List and Explain):

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

FORMER EMPLOYERS (List last three, starting with the most recent)

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving
From:				
To:				
Job Duties:				
Promotions:				
Supervisor:	Phone #:		May we contact? Yes ____ No ____	

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving
From:				
To:				
Job Duties:				
Promotions:				
Supervisor:	Phone #:		May we contact? Yes ____ No ____	

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving
From:				
To:				
Job Duties:				
Promotions:				
Supervisor:	Phone #:		May we contact? Yes ____ No ____	

Tell us in your own words why you believe you can be an asset to our company: _____

_____

_____

_____

References: Give the names of three people not related to you, whom you have known at least one year.

Name	Occupation	Phone Number	Years Acquainted

In case of emergency, notify: _____

Name Address Phone

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, resonations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration with employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than its president, and then only when in writing and signed by the president, has an authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing.

Signature:_____ Date:_____