



Employment Application

An Equal Opportunity Employer

P.O. Box 4050
 37404 Sierra Highway
 Palmdale, CA 93590-4050
 (661) 273-2700

Date Applied - -

PLEASE ANSWER. PRINT ALL ANSWERS YOURSELF. DO NOT TYPEWRITE.

PERSONAL DATA	Last Name	First Name	Middle Initial
	Street Address	City	State Zip Code
	Phone Number () -	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a relative currently employed by the Antelope Valley Press? <input type="checkbox"/> Yes Name _____ <input type="checkbox"/> No

EMPLOYMENT INFORMATION	Position(s) Applying for	Employment Desired (check one) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
	If previously employed by us, give dates.	Job Title	Dept	Reason(s) for leaving	
	All jobs are available to qualified candidates of either sex. TYPE OF WORK DESIRED		Are you willing to work the following?		Are you able to perform the tasks of the job for which you are applying?
	<input type="checkbox"/> Clerical <input type="checkbox"/> Indoor <input type="checkbox"/> Typing (wpm) <input type="checkbox"/> Outdoor <input type="checkbox"/> Mechanical <input type="checkbox"/> Either <input type="checkbox"/> Technical <input type="checkbox"/> Other	Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No Shifts & Rotation <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If hired, on what date will you be available to start work?				
Driver's License # _____ State _____ Exp. Date _____					
Traffic violations in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic accidents in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Convicted of driving under the influence of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION AND SKILLS	Name of High School	City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major subjects	
	Name of College	City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major subjects	
	Name of College	City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major subjects	
	Are you now attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		What courses are you taking? <input type="checkbox"/> Academic <input type="checkbox"/> Business <input type="checkbox"/> General <input type="checkbox"/> Vocational		List any other courses, studies or training.	
	List any other licenses, skills, vocational training, equipment or machines operated, experience or qualifications which you feel are applicable to employment with the Antelope Valley Press, or helpful to us in our evaluation.					
List other name(s) under which school or employment records are kept:						

PLEASE GIVE US YOUR EMPLOYMENT BACKGROUND

EMPLOYMENT RECORD

NAME _____ DAY/MESSAGE TELEPHONE (____) _____

(LIST CURRENT OR MOST RECENT FIRST)

Company Name	Job Title or Position Held
May we contact? Yes No	Describe Your Duties/Responsibilities
Address	
Supervisor's Name	
Telephone Number ()	
Dates of Employment From: _____ To: _____	Reason for Leaving
Company Name	Job Title or Position Held
May we contact? Yes No	Describe Your Duties/Responsibilities
Address	
Supervisor's Name	
Telephone Number ()	
Dates of Employment From: _____ To: _____	Reason for Leaving
Company Name	Job Title or Position Held
May we contact? Yes No	Describe Your Duties/Responsibilities
Address	
Supervisor's Name	
Telephone Number ()	
Dates of Employment From: _____ To: _____	Reason for Leaving

List any periods of unemployment.

From To From To From To From To

CERTIFICATION

Thank you for your interest in Antelope Valley Press, Inc. (AVP). We are an Equal Opportunity Employer. All employment decisions here are based on merit/qualifications and without regard to race, sex, religion, color, national origin, age, marital status and/or disability. AVP complies with all applicable federal, state and local laws prohibiting employment discrimination.

**PLEASE READ AND INDICATE YOUR AGREEMENT TO EACH OF THE FOLLOWING
BY INITIALING THE SPACES PROVIDED BELOW**

1. I authorize AVP and its representatives to verify my references and the correctness/completeness of my answers to this application. I hereby release AVP and its representatives from any and all liability arising from or associated with any authorized inquiry. I request and authorize those listed as references herein and my prior employers to provide AVP with information relevant to my possible employment and/or pertaining to any of the questions contained in this application. I hereby release them from any and all liability arising from their providing information requested by AVP. **Please initial indicating your agreement _____.**
2. If hired, I understand and agree that my employment is and will remain for an indefinite period and "at-will." I further agree that my "at-will" employment cannot change unless AVP expressly agrees to that change in writing signed by Publisher. **Please initial indicating your agreement _____.**
3. I understand and agree that any offer of employment I may receive is contingent upon my taking and satisfactorily passing a drug/alcohol test to detect the presence/use of illegal controlled substances or the misuse of prescription drugs/alcohol. If I receive an offer, I hereby consent to said test. **Please initial indicating your agreement _____.**
4. I acknowledge and agree that, upon my acceptance of employment, I will be required and able to provide proof of my identity and my eligibility to work in the United States in accordance with the Immigration Reform and Control Act. **Please initial indicating you agreement _____.**
5. I authorize AVP to verify my driving record with the DMV. **Please initial indicating your agreement _____.**

If you wish AVP to consider this application, please sign it in the space provided below.

Please understand that AVP will consider your signature as your certification that you have carefully read, considered and answered each question/provision in this application and that each of your responses to said questions/provisions are voluntary, true and correct.

Signature _____

Date Signed _____