Deep Blue Printing Inc. 7821 Shrimp Rd. Key West, FL 33040 (305) 918.8866

APPLICATION FOR EMPLOYMENT					
PERSONAL INI	FORMATION				
				Date	
Name					
Last	First	Middle		Maiden	
Present address	Number	Street	City State	Zip	
Marital status:			•	•	
Telephone ()	_				
e-mail					
Emergency Conta	ct(s)				
EMPLOYMENT	DESIRED				
Position(s) applied for					
Employment desired □FULL-TIME ONLY □PART-TIME ONLY					
When are you ava	ilable to start work?				
EDUCATION					
TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALIS		NUMBER OF YEARS COMPLETED
High School					
College/ university					
Professional or Graduate School					

WORK EXPERIENCE

Please list your work experience 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 Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Phone number	-	From	Start	
Phone number		То	Final	
	Your last job title	e		
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills u worked at this company.	ised or learned, advan	cements or promo	otions while you	
		T		
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Phone number		From	Start	
Frione number		То	Final	
	Your Last Job Title			
Reason for leaving (be specific)	·			
List the jobs you held, duties performed, skills u worked at this company.	ised or learned, advan	cements or promo	otions while you	

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Phone number		From	Start		
Phone number		То	Final		
	Your last job title	•			
Reason for leaving (be specific)	•				
List the jobs you held, duties performed, skills used worked at this company.	or learned, advanc	cements or promo	tions while you		
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Phone number		From	Start		
Thome number		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used worked at this company.	or learned, advanc	ements or promot	ions while you		
Do you have any computer experience? Do you have experience with Adobe Suite or other de If yes to the question above, please list the programs work. (see details below).	you have worked	☐ Yes ☐ Yes with and submit e	. □ No		
Pleas list all other computer skills.					
Please submit any designs or artwork you have cr digital art e		monstrates your s	trengths and		
You may attach them directly to this applicate	tion or email to <u>inf</u>	o@deepblueprintii	ng.com		

Are you currently employed?	☐ Yes	□ No		
May we contact your present employer	☐ Yes	□ No		
Did you complete this application yours	self?	☐ Yes	□ No	
If not, who did?				
Have you ever been convicted of a felo	ny?	☐ Yes	□ No	
If yes, explain number of conviction(s),	nature of offense(s) leading to	conviction(s), how re	ecently such	
offense(s) was/were committed, senten	ce(s) imposed, and type(s) of re	habilitation.		
Have you ever been employed with this	company?	☐ Yes	□ No	
If yes, when?				
Do you have any friends or relatives en	nployed by this company?	☐ Yes	□ No	
If yes, please provide their names and	relationship to you.			
REFERENCES				
Please list below three persons not rela	ated to you who have knowledge	e of your work perfor	mance	
and/or personal qualifications within th	e last 5 years.			
		<u> </u>		
Name		Occupation		
Company name	Address	I		
Telephone	E-mail	Years acquainted		
Name		Occupation		
Company	Address			
Company name	Address			
Telephone	E-mail	Years acquaint	ed	
-		-		
Name		Occupation		
Name		Occupation		
Company name	Address			
Telephone	E-mail	Years acquaint	ed	

APPLICATION FORM WAIVER - PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Deep Blue Printing Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of position, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for testing in the event of an accident; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature			
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Date	 	 	