

EDUCATION

SCHOOL	NAME OF SCHOOL CITY, STATE	COURSE OF STUDY	LAST YEAR COMPLETED	GRADUATE? YES/NO	LIST DIPLOMA OR DEGREE
ELEMENTARY					
HIGH					
COLLEGE					
GRADUATE OR BUSINESS/ TRADE					

Met college expenses: Working____% GI Bill_____ Scholarship_____% Parents_____ Other_____%

ACTIVITIES

School activities, offices, honors, scholarships, etc. _____

Community, social and professional organizations (excluding religious and political groups) and offices held:

What hobbies or recreational activities do you enjoy? _____

What magazines, journals, etc. do you read frequently? _____

FINANCIAL

What sources of income do you have besides your job? _____

What starting earnings will be satisfactory to you? _____ Next Year _____ After 5 Years _____

Do you wish to start a business for yourself? _____ What Type? _____ When? _____

What is your ultimate vocational goal? _____

REFERENCES

List three (3) references **with whom you have worked**, excluding relatives or previous supervisors.

Name	Address/Phone	Occupation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SKILLS

Computer Proficiencies (Microsoft): **Word:** Good ___ Avg ___ None ___ **Excel:** Good ___ Avg ___ None ___

Windows Explorer: Good ___ Avg ___ None ___ **Typing:** Good ___ Avg ___ None ___

List other computer skills: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list names of your present or previous employers for the **past 10 years** in chronological order with present or last employer first. If self-employed, give company name and supply business references.

Dates Worked _____ to _____	Company _____
Address _____ Street _____	City _____ State _____ Zip _____
Phone _____	Starting Salary _____ Leaving Salary _____
Description of Job _____	Supervisor's Name _____
Reason for Leaving _____	May we contact? Yes _____ No _____

Dates Worked _____ to _____	Company _____
Address _____ Street _____	City _____ State _____ Zip _____
Phone _____	Starting Salary _____ Leaving Salary _____
Description of Job _____	Supervisor's Name _____
Reason for Leaving _____	May we contact? Yes _____ No _____

Dates Worked _____ to _____	Company _____
Address _____ Street _____	City _____ State _____ Zip _____
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Dates Worked _____ to _____	Company _____
Address _____ Street _____	City _____ State _____ Zip _____
Phone _____	Starting Salary _____ Leaving Salary _____
Description of Job _____	Supervisor's Name _____
Reason for Leaving _____	May we contact? Yes _____ No _____

Please account for all periods of time, including military service and any period of unemployment. Explain fully any gaps in employment.

Please indicate if you worked for any of these employers under any name other than name indicated on first page of application (such as maiden name) _____

Which job did you like best? _____ Why? _____

Which job did you like least? _____ Why? _____

Why do you want to work for Gordon Document Products, Inc.? _____

APPLICANT'S STATEMENT

I understand that Gordon Document Products, Inc. ("the Company") is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by law.

In making this application for employment, I understand that the Company may investigate my driving record and criminal record and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize former, present and future prospective employers, work and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liabilities for any damages that may result from furnishing same to the Company.

I understand that the Company reserves the right, to the extent permitted by law, to require any drug screening test, urinalysis, blood test, breathalyzer or other procedures, of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such test or examination. I consent to the release of the results of any such test or examination to the Company.

I understand that this employment application and any other Company documents are not promises of employment. I further understand that, if I am employed, I can terminate my employment with or without cause and at any time, and that the Company has a similar right. I understand that no manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing.

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the judgment of the Company), that I will be disqualified from consideration of employment or subject to dismissal if discovered after I am hired.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS

I certify that I have received a written notification that the Company may obtain a consumer report or reports, as well as an investigative consumer report or reports on me. I authorize this company to obtain such reports for use in connection with my application for employment and for other employment-related reasons. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks and department of motor vehicle reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics or mode of living is obtained through *personal interviews* with my neighbors, friends or associates reported on or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

Date _____ Signature of Applicant _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THIS STATEMENT.

Date _____ Signature of Applicant _____

AGREEMENT TO ARBITRATE

(Initials of Applicant) _____

(Initials for Company) _____

I agree, as does Gordon Document Products, Inc. ("the Company") to arbitrate any dispute, claim or controversy based on alleged breach of any legal right that may arise between me and the Company, its affiliates and subsidiaries, or any other entity or person, that is required to be arbitrated under the rules and policies of the Company as they may be set forth in the Company's Policies and Procedures Manual, a copy of which I have a right to review at any reasonable time.

Specifically included among those claims covered by this Arbitration Agreement are any claims relating to or arising from employment and termination of employment, and any claims which might be raised pursuant to any law, constitution, regulation, or any statute, or common law theory whether tort, contract or otherwise, including but not limited to, any and all matters arising under the Constitution of the United States or of Georgia, the Employment Retirement Income Security Act, Title VII of the Civil Rights Act of 1964, the Civil Rights Acts of 1866, 1871 and 1991, the Rehabilitation Act, the Equal Pay Act, the Vietnam Era Veterans Readjustment Assistance Act, the Immigration Reform Control Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Older Workers' Benefits Protection Act, the Georgia Sex Discrimination in Employment Act, the Georgia Equal Employment for the Handicapped Code, or any other federal or Georgia personal injury, civil rights or employment related laws, regulations, rules or theories.

I understand that by agreeing to arbitrate, I waive any right to trial by judge or jury in favor of having such disputes resolved by arbitration. I understand that any disputes presented to an arbitrator shall be resolved only in accordance with applicable federal, state or local law governing such dispute. I acknowledge that this agreement to arbitrate is not a contract of employment and is a free-standing independent contract.

Date _____ Signature of Applicant _____ Signature for Company _____