



Presstek, LLC
 55 Executive Drive
 Hudson, NH 03051
 Website: www.presstek.com

APPLICATION FOR EMPLOYMENT

Please complete all requested information. Return directly to Human Resources at humanresources@presstek.com or fax to 603-386-6072.

Please print clearly in ink or type.

Please complete both pages. Presstek is an Equal Opportunity Employer committed to a policy of nondiscrimination and equal opportunity for qualified applicants without regard to race, creed, color, religion, disability, marital status, sex, age, sexual orientation, national origin or citizenship status or any other consideration made unlawful by applicable federal, state or local laws.

Further, no employee of Presstek is to discriminate against any applicant or fellow employee because of physical or mental disability or because the person is a disabled veteran or veteran of the Vietnam era. Applicants who require reasonable accommodation for the application and/or interview process should notify the Human Resources Department.

PERSONAL INFORMATION:

Date:		Social Security No:	
Last Name:	First Name:	Middle Name:	
Address:		Town/City:	State/Zip:
Home Telephone No:		Business Telephone No:	Email Address:
Position or Type of Work Desired:		Date Available to Start Work:	Wage/Salary Requirements:
Check all boxes that apply:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Regular <input type="checkbox"/> Temp <input type="checkbox"/>
Have you ever applied at Presstek before?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when?	
Have you ever worked at Presstek before?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, when?	
Can you, after employment, submit either proof of U.S. Citizenship or your legal right to work in the U.S.?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Are you under 18 years of age?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, state age:	
Referred to Presstek by:	<input type="checkbox"/> Employment Ad (specify): _____ <input type="checkbox"/> Employee Referral (name) _____ <input type="checkbox"/> Other (specify) : _____		
	<input type="checkbox"/> Internet (specify): _____ <input type="checkbox"/> Empl. Agency (specify): _____ <input type="checkbox"/> Walk-in		

EDUCATIONAL BACKGROUND:

Type of School	Name, Address, City	Years Completed	Graduated	Degree	Type of Courses	Major
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes			
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes			
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes			
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Business/Trade		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes			
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No <input type="checkbox"/> Yes			

Are you studying at the present time? No Yes If yes, explain: _____

SPECIAL QUALIFICATIONS: (List all special skills, certificates/licenses, machine equipment or software experience that you possess related to job interest)

Title	Date Issued	Date Expires	Number	Active State(s)

EMPLOYMENT HISTORY: (List your last three employers starting with the most recent, including any verified work performed on a volunteer basis).

From:	To:	Employer:	Phone No:
Job Title:		Address:	
Immediate Supervisor:		Description of Duties:	
Supervisor's Title:			

Reason(s) for Leaving:		May we contact for references?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Final Pay:	
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From:	To:	Employer:	Phone No:
Job Title:		Address:	
Immediate Supervisor:		Description of Duties:	
Supervisor's Title:			

Reason(s) for Leaving:		May we contact for references?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Final Pay:	
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From:	To:	Employer:	Phone No:
Job Title:		Address:	
Immediate Supervisor:		Description of Duties:	
Supervisor's Title:			

Reason(s) for Leaving:		May we contact for references?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Final Pay:	
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May we contact your present employer at this time? No Yes

ADDITIONAL BUSINESS REFERENCES

#	Name	Occupation	Address	Phone No.
1.				
2.				
3.				

I certify that, to the best of my knowledge and belief, the information given by me on this application and on any accompanying resume is true, complete and accurate. I understand that if anything contained on this application or supplemental information, is found to be false, misrepresented or incomplete, Presstek may not provide any further consideration of my application and I may be subject to dismissal at any time during the period of my employment.

I authorize my references, my former employees and other persons and organizations to furnish to Presstek any information they may have regarding me which they have on record or otherwise. I hereby release Presstek, my personal references, and my former employers and all individuals connected therewith from all liability for any damage whatsoever resulting from giving such information. If required by Presstek I agree to undergo a physical examination if an offer of employment is made to me. I understand that I must abide by all Company patent rules, confidentiality agreements, and other regulations which the Company considers essential to its business.

Accepting a position with Presstek will not violate the terms of any existing noncompete, nondisclosure, or any other agreement by which I am currently bound.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment is "at-will" and may be terminated at any time and without liability to me for any continuation of salary, wages, or employment related benefits other than those specifically required by law. It is unlawful in certain states to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS	Date:	Signature:
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