



1-Day Signs, Banners, and More ...

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

This application will remain on file for 60 days and then be discarded.

P E R S O N A L	Last name	First	Middle	Date
	Street/Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____			Social Security #
	Location:			
	Position Desired			
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked?
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
Other special training or skills (language, machine operation, etc.)				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

The application process does not create an expressed or implied employment relationship. Nothing in this application shall constitute nor be deemed a contract, an implied or expressed contract or promise of employment. This application will remain on file for 60 days and then will be discarded.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record for last 10 years. Start with your present or most recent employer. Use an additional sheet if necessary.

1	Company Name	Telephone ()
	Address	Employed-(State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed-(State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed-(State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed-(State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

We will contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
Employer Number(s) _____ Reason _____ _____	

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", In what Branch? Please attach copy of your discharge form (DD-214).
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Describe any training received relevant to the position for which you are applying.

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

If the job requires, do you have the appropriate valid driver's license? Yes No

If yes, list the following:

Name on license _____

DL# _____

State of Issue _____

List states & counties of residence for the past 10 years:

Have you used any names or Social Security Numbers other than the name and Social Security Number listed on the first page of this application? Yes No

If yes: list below:

Have you been convicted of, or served time for a felony? Yes No

If yes; describe:

Incident	City/State	Charge

CERTIFICATION AND RELEASE

I understand that information omissions and misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If Company policy requires, I am willing to submit to substance abuse testing prior to and during my employment. I understand that acceptance of an offer of employment creates no obligation upon Sign-Ups to continue to employ me in the future.

SIGNATURE _____ DATE _____

FOR SIGN-UPS USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments			