



## APPLICATION FOR EMPLOYMENT

**Fill out form completely**

**We consider applicants for all positions without regard to race, color, religion, creed, gender, National origin, age, disability, marital or veteran status, or any other legally protected status.**

**\*\* TO ENSURE FULL CONSIDERATION, YOU MUST FILL OUT THE APPLICATION COMPLETELY. \*\***

*(PLEASE PRINT)*

Position(s) Applied For _____	Date of Application _____
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Drive-by	<input type="checkbox"/> Other _____

Last Name _____	First Name _____	Middle Name _____
Address _____	Number _____	Street _____
_____	_____	City _____
_____	_____	State _____
_____	_____	Zip Code _____
Telephone Number(s) _____	Day _____	Evening _____
_____	_____	Social Security Number _____

**PLEASE FILL OUT COMPLETELY / CHECK EVERY BOX!**

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

What choice best reflects your intake of alcohol.  never  occasionally  moderately  frequently

Do you take any illicit drugs?  Yes  No Would you be willing to submit to a drug test?  Yes  No

Do any of your friends or relatives work here? If Yes, state name & relationship \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Do you have a valid and current driver's license?  Yes  No

Do you have a valid and current commercial driver's license [CDL]?  Yes  No

If no are you willing and able to get a CDL within 90 days?  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time  
 Part Time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicate dates available \_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

# EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School	_____	_____	_____	_____
Undergraduate College	_____	_____	_____	_____
Graduate/ Professional	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

# WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From To	Work Performed
Address	[ ] [ ]	_____
Telephone Number(s)		_____
Starting/Present Job Title	Hourly Rate / Salary Starting Final	_____
Supervisor	[ ] [ ]	_____
Reason for Leaving	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To	Work Performed
Address	[ ] [ ]	_____
Telephone Number(s)		_____
Starting/Present Job Title	Hourly Rate / Salary Starting Final	_____
Supervisor	[ ] [ ]	_____
Reason for Leaving	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From To	Work Performed
Address	[ ] [ ]	_____
Telephone Number(s)		_____
Starting/Present Job Title	Hourly Rate / Salary Starting Final	_____
Supervisor	[ ] [ ]	_____
Reason for Leaving	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments:** Include explanation of any gaps in employment.

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**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Additional Information**

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other experience.

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**Specialized Skills**

On the items listed below, circle the number next to each item which BEST describes your familiarity on that particular subject. (1 = LEAST familiar - 5 = VERY familiar)

JOB QUOTING	1	2	3	4	5	EMAIL	1	2	3	4	5
VINYL APPLICATION	1	2	3	4	5	VINYL CUTTING	1	2	3	4	5
FLEXI SIGN	1	2	3	4	5	NEON	1	2	3	4	5
COREL DRAW #10	1	2	3	4	5	SIGN LAB #6	1	2	3	4	5
PHOTO SHOP #7	1	2	3	4	5	ILLUSTRATOR #10	1	2	3	4	5
GRAPHIC DESIGNING	1	2	3	4	5	CLEANING UP ARTWORK	1	2	3	4	5
SIGN DESIGNING	1	2	3	4	5	VECTORIZING ARTWORK	1	2	3	4	5
SCANNING & CLEANING	1	2	3	4	5	CUSTOMER SERVICE	1	2	3	4	5

Are you 3M certified?       Yes     No

Are you familiar with Roland printer and plotters?     Yes     No

Do you own your own tools?     Yes     No    If YES, approximate net worth of your inventory: \$ \_\_\_\_\_

**Personal / Professional References (Do not include family members or past supervisors.)**

Name	Phone Number	Best Time to Call	Occupation
1) _____			
2) _____			
3) _____			

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_