



AMERICAN SIGN & BARRICADE COMPANY

Download this PDF to your computer before filling it out. Please completely answer all relevant questions. When you're done, save the PDF and then email to tklein@americansgn.com. Note instructions on how to digitally sign the application before emailing it to us.

Application for employment — Applicants may be tested for illegal drugs

PERSONAL INFORMATION

Name: _____ SSN: _____ Date: _____

Address: _____

How long have you lived at this address? _____

Telephone: _____

If less than 18 years old, please list age: _____

Position applying for: _____ Salary desired (be specific): _____

Days available to work: Any Mon Tue Wed Thu Fri Sat Sun

How many hours can you work weekly? _____ Can you work nights? Yes No

Employment desired: Full-time Part-time Full or Part-time

When are you available to work? _____

EDUCATION

Type of School	Name of School	Location (complete mailing address)	No. Years Completed	Major/Degree
High School				
College				
Bus/Trade				
Prof. School				

Do you have a driver's license? Yes No Driver's License No: _____ State of issue: _____

Type: Operator Commercial (CDL) Chauffeur Exp. date: _____

What is your means of transportation to work? Personal vehicle Bus Other vehicle Other

Have you had any traffic accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

FORM CONTINUES BELOW

OFFICE JOB APPLICATIONS ONLY

Typing: Yes No WPM: _____

10-key: Yes No

Word processing: Yes No WPM: _____

Personal computer: Yes No If yes: PC Mac Both

Other skills: _____

REFERENCES

Please list two references other than relatives or previous employers:

1. Name: _____
 Address: _____ Telephone: _____
 Company: _____ Position: _____

2. Name: _____
 Address: _____ Telephone: _____
 Company: _____ Position: _____

MISCELLANEOUS

Do you allow American Sign Company to submit a background check once a year? Yes No

Do you allow American Sign Company to submit pre-employment and or random drug tests? Yes No

Do you have any engagements that will limit your work hours or days? Yes No

Explain: _____

Have you ever applied for unemployment insurance? Yes No

Explain: _____

Have you ever applied for Workman's Compensation? Yes No

Explain: _____

Have you ever missed work due to an illness or injury? Yes No

Explain: _____

Have you ever been terminated or let go from a job for any reason? Yes No

Explain: _____

MILITARY SERVICE

Have you served in the armed forces? Yes No — Are you currently in the National Guard? Yes No
Specialty: _____ Date entered: _____ Discharge date: _____

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: _____ Name of last supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Job title: _____ Start date: _____ End date: _____

1.

Pay/Salary start: _____ Pay/salary end: _____

Reason for leaving (please be specific):

Jobs you held, duties performed, skills used or learned, advancements/promotions at this company:

Name of employer: _____ Name of last supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Job title: _____ Start date: _____ End date: _____

2.

Pay/Salary start: _____ Pay/salary end: _____

Reason for leaving (please be specific):

Jobs you held, duties performed, skills used or learned, advancements/promotions at this company:

Name of employer: _____ Name of last supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Job title: _____ Start date: _____ End date: _____

Pay/Salary start: _____ Pay/salary end: _____

Reason for leaving (please be specific):

Jobs you held, duties performed, skills used or learned, advancements/promotions at this company:

Name of employer: _____ Name of last supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Job title: _____ Start date: _____ End date: _____

Pay/Salary start: _____ Pay/salary end: _____

Reason for leaving (please be specific):

Jobs you held, duties performed, skills used or learned, advancements/promotions at this company:

May we contact your present employer? Yes No

Have you been given a job description or had the essential functions of the job explained to you? Yes No

Did you understand the job description or essential functions of the job? Yes No

After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

FORM CONTINUES BELOW

This application form is intended for use in evaluating your qualifications for employment. This application is NOT an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered from positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the need of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, to make inquiries regarding this application to verify this information. I hereby release the company, its agents, all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage 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 drug testing to detect the use of illegal drugs prior to and during employment.

Printed Name: _____ Date: _____

Signature: _____

Please note: if you are using a computer to fill out this PDF and are going to email it to us, enter your name in the signature field with slashes (e.g. /John Doe/) and email to tklein@americansgn.com.

If you printed out this form and filled it out with a pen, please drop it off at our location or mail to us at the following address:
American Sign & Barricade Company
14883 E Hinsdale Avenue, Suite 3
Centennial, CO 80112

If you'd like to fax us this application, our number is (303) 680-3907.