



# 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 [rwhite@americansgn.com](mailto:rwhite@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: \_\_\_\_\_



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:  
\_\_\_\_\_

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](mailto: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.