



# AMERICAN SIGN & BARRICADE COMPANY

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thurs. \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes  
 HAVE YOU EVER BEEN INCARCERATED? \_\_\_\_\_ Length of time \_\_\_\_\_

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? Personal Vehicle Bus Other's Vehicle Other

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Operator Commercial (CDL) Chauffeur  
Expiration date \_\_\_\_\_

Have you had any traffic accidents during the past three years? How many? \_\_\_\_\_  
Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

OFFICE ONLY

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No  PC  Mac Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

Do you allow American Sign Company to submit a background check once a year? \_\_\_\_\_  
Do you allow American Sign Company to submit pre-employment and or random drug tests? \_\_\_\_\_

Do you have any engagements that will limit your work hours or days? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever applied for unemployment insurance? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever applied for Workman's Comp.? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever missed work due to an illness or injury? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you ever been terminated or let go from a job for any reason? \_\_\_\_\_ Explain: \_\_\_\_\_

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?                      Yes      No  
 ARE YOU NOW A MEMBER OF 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 Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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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? \_\_\_\_\_

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 \_\_\_\_\_

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT: JOB DESCRIPTION AND/OR ESSENTIAL FUNCTIONS OF JOB**