



Application for Employment

PLEASE PRINT

Name _____ Date _____

Present Address _____
Street City State Zip

Telephone (____) _____ -- _____

Referred by Advertisement Walk In Friend/Relative Other _____

Can you provide verification for employment in the U.S.A? Yes No State age if under 18 or over 70 _____

Position applying for _____ Salary expected _____

Are you available to work Full-time Part-Time Specify schedule limitations _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Date available for work _____ List friends or relatives in our employ _____

Were you previously employed by us? Yes No If yes, when _____

Other name(s) used while attending schools or places of employment indicated on this form _____

Are you available for out of town work? _____

Will you work overtime, if required? _____

Have you taken illegal drugs in the last 30 days? _____

Do you smoke? Yes No

How did you learn of our Company? _____

Who should be contacted in case of emergency? _____

Name: _____ Address: _____ Telephone: _____

Note: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Do you have any physical condition which would prohibit you from performing the required duties of the position for which you are applying?

Yes No If Yes, please explain : _____

Have you ever been convicted of a felony? Yes No If yes, please explain: (Note - A conviction alone will not automatically bar you from employment.) _____

Military Service? Yes No Branch of service and rank _____ Dates of Service _____

Special Training _____

EDUCATION

Name and Location	Course of Study	Scholastic Average	Dates of Attendance	Graduated		
				Yes/No	Mo/Year	Degree
High School	N/A		N/A		N/A	
College						
Vocational						
Other						

SKILLS

List Computer Software Packages in which you are proficient _____

Cash Register _____ 10-Key _____
PC _____ MAC _____ Word Processing _____ Spreadsheet _____
Other Skills _____

What languages do you:
speak fluently _____
write fluently _____
read fluently _____

EMPLOYMENT HISTORY

(List present or most recent employer first)

Name of Company _____ Address _____
Supervisor _____ Salary _____ Phone _____
Job Title _____ Date Started _____ Date Left _____
Job Description/Worked Performed _____

Reason for Leaving:

Name of Company _____ Address _____
Supervisor _____ Salary _____ Phone _____
Job Title _____ Date Started _____ Date Left _____
Job Description/Worked Performed _____

Reason for Leaving:

Name of Company _____ Address _____
Supervisor _____ Salary _____ Phone _____
Job Title _____ Date Started _____ Date Left _____
Job Description/Worked Performed _____

Reason for Leaving:

Name of Company _____ Address _____
Supervisor _____ Salary _____ Phone _____
Job Title _____ Date Started _____ Date Left _____
Job Description/Worked Performed _____

Job Description _____

Reason for Leaving:

AUTHORIZATION FOR BACKGROUND CHECK: *I authorize the company to verify employment, except as noted below, as well as conduct criminal, credit and vehicular record check.*

Indicate those you do not wish contacted: _____

Signed: _____ Date: _____

Please explain any gaps in your employment history _____

List any work related skills, training, or experience you believe are relevant to the job applied for:

Have you ever been discharged or forced to resign? _____

If yes, explain: _____

Did you receive any discipline in the last 12 months of active employment? _____

If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? _____

If yes, what was the range of scores used and what was your score? _____

Have you signed any non-compete agreement with any other employer that would restrict you from working with this company? _____

If so, please explain: _____

MILITARY (Complete only if you served in the military)

Branch of Service: _____ Dates of Service: From: _____ To: _____

Rank at Discharge: _____ Were you honorably discharged? _____

Describe any military skills, training, or experience you believe are relevant to the job applied for:

We at Dixie Signs, Inc are committed to a policy of equal treatment and opportunity in every aspect of our employment relations without regard to race, color, religion, sex, and sexual preference, national origin, age, marital status or physical handicap. This includes, but is not limited to, recruiting, hiring selection for training, transfers, promotion, compensation, and any company sponsored social and recreational programs.

REFERENCES

Do not include family members or past supervisors.

1) Name _____ Occupation _____

Address _____ Phone _____

2) Name _____ Occupation _____

Address _____ Phone _____

3) Name _____ Occupation _____

Address _____ Phone _____

Please use the space provided below to summarize any additional information necessary to fully describe your qualifications.

PLEASE READ

All information written on this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation of facts in this application disqualifies me from further consideration - or if employed - is grounds for dismissal. I understand that any employment offer is contingent upon satisfactory references and I authorize Dixie Signs to investigate past employment and education history, as well as references given on application. 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

I understand that if employed such employment may be terminated for just cause, or no cause, by Dixie Signs or myself at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its Owner, and then only when in writing and signed by the Owner, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I fully understand and agree to all statements above.

Signature

Date

OFFICE USE ONLY

Interviewed by _____ Date _____

Comments _____

Referral Source _____ Hired _____ Not Hired _____

Starting Date _____ Position _____ Salary _____

Location _____ Department _____ Reporting To _____

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at anytime without prior notice.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I acknowledge that this application will remain active for 45 days from this date. If I have not heard from the Company at the conclusion of this 45-day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Company.

I understand if hired that I will be placed on a 90-day probationary period whereby no company benefits will be applicable. Only upon satisfactory completion of said probation would benefits become available.

APPLICANT'S INITIALS

I understand and agree that all policies and procedures of the Company may be modified, amended or deleted by the Company with or without notice to me of such amendment, modification or deletion; that policies and procedures whether oral or written are to be advisory only and are not to be interpreted as contract of employment or to give me any right of continued employment.

APPLICANT'S INITIALS

I understand that if I am employed by the Company, that in the future some potential employer may contact that Company concerning my work record at the Company. I hereby consent to and authorize persons employed by the Company to divulge any and all information they consider relevant, to any person representing themselves to be an employer of mine or a potential employer of mine, with respect to my work record at Dixie Signs, Inc.

APPLICANT'S INITIALS

DATE: _____

APPLICANT'S SIGNATURE _____

Dixie Signs, Inc

PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability.

(Any applicant with positive test results will be denied employment at that time.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

This policy statement is to be given out with all job applications.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

RELEASE

I, _____, give Dixie Signs, Inc. permission to obtain my
(Please print name as it appears on your driver's license)

Motor Vehicles Records. This information will be used internally only, with respect to either the continued employment of current employees or offers of employment to prospective employees.

Signature

Date

Driver's License #

Date of Birth

Social Security Number

