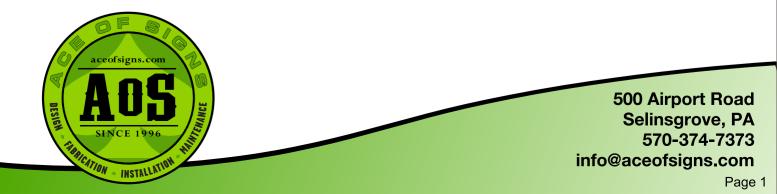## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:_____ Date:_____

Position(s) applied for or type of work desired:_____

Address:_____

Telephone #:_____Social Security #:_____

Type of employment desired: _____ full-time   _____ part-time   _____ temporary

Date you will be available to start work: _____ Driver's license # (if driving is an essential job duty):_____

Are you able to meet the attendance requirements?   _____ Yes   _____ No

Do you have any objection to working over time if necessary?   _____ Yes   _____ No

Can you travel if required by this position?   _____ Yes   _____ No

Have you ever been previously employed by our organization?   _____ Yes   _____ No

Can you submit proof of legal employment authorization and identity?   _____ Yes   _____ No

If you are under 18, can you furnish a work permit if it is required?   _____ Yes   _____ No

Have you ever been convicted of a crime in the last 7 years?   _____ Yes   _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

_____

500 Airport Road
Selinsgrove, PA
570-374-7373
info@aceofsigns.com

Educational History
(List School Name & Location, Years Completed, Course of Study & Any Degree Earned)

High School: _____

_____

College: _____

_____

Technical Training: _____

_____

Other: _____

_____

Other Skills & Qualifications
(Summarize Any Job-Related Training, Skills, License, Certificates and or Qualifications)

_____

_____

_____

_____

_____

_____

_____

Servicing the Valley Since 1996

Employment History
(Please Provide All Employment Information for Your Past Three Employers Starting with the Most Recent)

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate supervisior & title: _____

Dates employed: _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate supervisior & title: _____

Dates employed: _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone #: _____

Immediate supervisior & title: _____

Dates employed: _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

References
(List Three References' Names, Telephone Numbers & Years Known. Do Not Include Relatives or Employers)

1. _____

_____

2. _____

_____

3. _____

_____

How were you referred to us? _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____