



317.842.8664 • www.signcraftind.com
 8816 Corporation Dr. • Indianapolis, IN 46256

Application for Employment

Position (s) Applying For:	Referred By:	Today's Date:
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Personal Information

Last Name	First Name	Middle Initial
Address	City	State/Zip
Contact Phone Number		

Education

	Name of School	Course of Study	Number of Completed Years
High School			
College or University			
Other (Trade, Business, etc.)			

Please list any special job-related training with dates that may qualify for an open position:

Please list any professional, trade, business or civic activities and offices held (Exclude any membership which would reveal gender, race, religion, national origin, age, disability, or any other protected status)

Previous Employment (Please list with the most recent first)

From	To	Employer	Phone #	City, State
Position	Duties			
Supervisor's Name	Reason for Leaving			
Starting Salary/Wages	Final Salary/Wages	May we contact?		

From	To	Employer	Phone #	City, State
Position	Duties			
Supervisor's Name	Reason for Leaving			



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Starting Salary/Wages	Final Salary/Wages		May we contact?	
From	To	Employer	Phone #	City, State
Position	Duties			
Supervisor's Name	Reason for Leaving			
Starting Salary/Wages	Final Salary/Wages		May we contact?	

References

Name	Address	Phone #	Years Known
Name	Address	Phone #	Years Known
Name	Address	Phone #	Years Known
Name	Address	Phone #	Years Known

Please circle the correct response.

- If you are under 18 years of age, can you provide a work permit? YES NO
- Have you ever filed an application with us before If YES, give date _____? YES NO
- Are you currently employed? YES NO
- Are you legal to work in the United States for an employer? YES NO
- Are you currently on "lay-off" status & subject to recall? YES NO
- Do you have a valid Driver's License? YES NO
- On what date would you be available to work? _____

Application Statement

I certify that my foregoing statements contained in this employment application are true and complete to the best of my knowledge, if employed; falsified statements on this application shall be grounds for dismissal.

In signing this application for employment, I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my character, previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree the employment contemplated by this application is an employment at-will, which means that the employment can be terminated at anytime and that no contract for employment for any period of time is intended. Also, that no representative of the company 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, unless it is in writing and signed by an authorized company representative.

To my knowledge and belief I am not legally or contractually prevented from seeking employment I have applied for at this company.

This application is current for only _60_ days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application

Signature

Date