JOB APPLICATION

SignCraft SOLUTIONS
A Division of Shop Dawg Signs, LLC

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Wake Forest, NC 27587

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www.SignCraftSolutions.com

Date: _____

Name: _____

Address: _____

Telephone: (_____) _____-_____ Email: _____

18 years of age or older? __Yes __ No Can you prove you are authorized to work in the U.S.? ____Yes ____No

EDUCATION

Type	Name & Location	Course of study	Years completed	Degree/Diploma
HS				
College				
Other				

EMPLOYMENT RECORD

	Company name & address	Kind of work	To/From	Pay	Reason for leaving
1.					
2.					
3.					
4.					

U.S. MILITARY SERVICE

Branch of service _____ From _____ to _____

Rank and type of service _____ Training_____

REFERENCES (Please do not include relatives)

Name/ Occupation/ Years known/ Phone or Email

1. _____

_____

2._____

_____

3._____

_____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How Were You Referred To Our Organization? _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? ___ Yes ___ No Please Specify:_____

Please list any additional information that relates to your ability to perform the job for which you

have applied such as licenses, professional memberships, hobbies, etc.

_____

_____

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____