

4154 Shearon Farms Avenue #109
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: _____