

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

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

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

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ EMPLOYMENT MANAGER 2. _____ DEPARTMENT HEAD 3. _____ GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

EMPLOYMENT VERIFICATION

To Whom It May Concern:

The applicant named below is being considered for employment as _____ with our Company.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us via fax to 920-457-2399 or email to heather@rloesign.com

We appreciate your assistance and thank you in advance for completing and returning this form.

Name of Applicant _____
Social Security Number _____
Name of Former Employer: _____

APPLICANT: DATE AND SIGN THIS SECTION ONLY

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution to furnish RLO Sign, Inc. with any information it may have concerning me which is on record or otherwise, and hereby do release the above individual, company, or institution and all individuals connected herewith, including RLO SIGN Inc. from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant Date

RECORD OF EMPLOYMENT

Dates of employment: _____
Position(s) Held: _____
Reason Employment Ended: _____
Comments: _____

Please rate the applicant in each of the following areas:

Job Skill	Excellent	Good	Average	Below Average	Poor
Initiative	Excellent	Good	Average	Below Average	Poor
Attendance	Excellent	Good	Average	Below Average	Poor
Conduct	Excellent	Good	Average	Below Average	Poor

Would you rehire this Applicant? Yes No

Signature Title Date

PLEASE RETURN VIA FAX TO 920-457-2399 OR EMAIL HEATHER@RLOSIGN.COM



Employment Application Continued

1a. Have you ever had a Commercial driver's license? _____

1b. If so, what class? _____

1c. If your CDL is current and valid, when does it expire? _____

2a. Have you ever had an out of state driver's license? _____

2b. If so, what state(s)? _____

3a. Do you have any experience with power tools? _____

3b. If so, what types? _____

4. Do you have any experience with welding? _____ Type? _____ Certified? _____

5. In occasion we require employees to stay overnight on an out of town job if this occasion were to come up would you be willing to do so? _____

6. If you are applying for and installation or service position with RLO Sign, Inc. please answer and comply with the following required:

- A. Do you have a State of Wisconsin Issued Driver's License? _____
- B. Please submit a copy of your Driver's License, (we can make the photo copy for you).
- C. RLO Sign, Inc. is required to run a background check for any and all applicants being considered for the aforementioned positions for insurance reasons. Employees must maintain a good driving record or their employment will be considered self terminated.

Please answer truthfully to all questions on this application, RLO Sign, Inc. is an equal opportunity employer, and all applicants will be equally considered for the positions applied for. Failure to comply fully and any false information will result in automatic default on application for the position and will no longer be considered for employment.

The Wisconsin DOT requires random drug testing to employees of their choice, would you be willing to fully comply with the DOT's request for drug testing on you? _____
failure, or non compliance will be considered self termination

Your signature below means that you are willing to comply with all necessities and requirements by RLO Sign, Inc. in order to be considered for employment. I also testify that all information on this application is truthful and accurate to the best of my knowledge.

X _____ Date _____