

SAFETY SIGNS, LLC
APPLICATION FOR EMPLOYMENT
 (An Equal Opportunity Employer)



Full Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security No: _____

Email: _____ Referred By: _____

What kind of work are you applying for? _____

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

What special qualifications do you have for this position? _____

DRIVERS LICENSE AND DRIVING RECORD

If your employment requires you to drive any vehicle or equipment as part of your work duties, your motor vehicle driving records must be and will be verified before your employment begins.

License Number: _____ Class: _____ State: _____

What date does your license expire? _____

Do you have a CDL, Commercial Driver's License? (If YES, check box) _____

EDUCATION

Name and Location of School	Years Attended	Did you graduate?	Course of Study
HIGH			
COLLEGE			
OTHER			

WORK EXPERIENCE

List Last **FIVE** years of experience

Company	From/To	Position Held	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employers?

If YES, please list previous employer's names _____

Were any of your previous jobs designated as a safety sensitive function subject to the drug and alcohol testing?

If YES, please list previous employer's names _____

REFERENCES

Give complete address and telephone numbers. DO NOT list friends and relatives

Name	Address/Phone	Relationship