Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:		Date:
Position(s) applied for or type of work desired:		
Address:		
Telephone #:	Social Security #:.	
Type of employment desired: full-time	part-time	temporary
Date you will be available to start work:	license # (if driving is an essential joi	b duty):
Are you able to meet the attendance requirements?	Yes	
Do you have any objection to working over time if necessary?	Yes	
Can you travel if required by this position?	Yes	
Have you ever been previously employed by our organization?	Yes	
Can you submit proof of legal employment authorization and identity?	Yes	
If you are under 18, can you furnish a work permit if it is required?	Yes	
Have you ever been convicted of a crime in the last 7 years?	Yes	
If yes, please explain (a conviction will not automatically bar employment):		



500 Airport Road Selinsgrove, PA 570-374-7373 careers@aceofsigns.com

Educational History
(List School Name & Location, Years Completed, Course of Study & Any Degree Earned)

High School:			
College:			
Technical Training:			
Other:			
Other Skills & Qualifications (Summarize Any Job-Related Training, Skills, License, Certificates and or Qualifications)			

Employment History
(Please Provide All Employment Information for Your Past Three Employers Starting with the Most Recent)

Employer:	Position Held:
Address:	Telephone #:.
Immediate supervisior & title:	
Dates employed: to Sa	alary:
Job summary:	
Reason for leaving:	
Employer:	Position Held:
Address:	Telephone #:
Immediate supervisior & title:	
Dates employed: to Sa	alary:
Job summary:	
Reason for leaving:	
Employer:	Position Held:
Address:	Telephone #:
Immediate supervisior & title:	
Dates employed: to Sa	ılary:
Job summary:	
Reason for leaving:	

References

(List Three References' Names, Telephone Numbers & Years Known, Do Not Include Relatives or Employers)

(List Three References Names, Telephone Numbers & Year	3 Known. Do Not include Relatives of Employers)
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How were you referred to us?	
hereby authorize the potential employer to contact, obtain, and verify the rom all previous employers, educational institutions, and references. I als and its representatives for seeking, gathering, and using such information organizations for providing such information.	o hereby release from liability the potential employer
understand that any misrepresentation or material omission made by me ancellation of this application or immediate termination of employment if	
f I am employed, I acknowledge that there is no specified length of emplo greement or contract for employment. Accordingly, either I or the employ vithout cause, at any time, so long as there is no violation of applicable fe	er can terminate the relationship at will, with or
understand that it is the policy of this organization not to refuse to hire or with a disability because of that person's need for a reasonable accommo	
also understand that if I am employed, I will be required to provide satisfa	
represent and warrant that I have read and fully understand the fore	going, and that I seek employment under these conditions
Applicant signature:	Date: