

NAGLE SIGNS INC.
APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT
QUESTIONNAIRE**

POSITION YOU ARE APPLYING FOR: _____

**AN EQUAL
OPPORTUNITY
EMPLOYER**

DATE: _____

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____ ARE YOU 18 YEARS OLD OR OLDER? YES ___ NO ___

VALID DRIVERS LICENSE: _____ CDL: _____ IF YES, WHAT TYPE: _____

DESIRED EMPLOYMENT

POSITION: _____ DATE AVAILABLE: _____ SALARY DESIRED? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS COMPANY? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____

IF YES, LIST POSITION AND DATE _____ SUPERVISOR'S NAME _____

REASON FOR LEAVING: _____

HOW DID YOU LEARN OF THIS COMPANY? _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	NO. OF YEARS ATTENDED	DEGREE/ DIPLOMA	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____	_____
TECHNICAL/ VOCATIONAL	_____	_____	_____	_____
COLLEGE/ UNIVERSITY	_____	_____	_____	_____

GENERAL EXPERIENCE

DO YOU HAVE ANY OF THE FOLLOWING EXPERIENCE OR KNOWLEDGE:

PHONE SKILLS: _____ MS WORD: _____ MS EXCEL: _____ DATA ENTRY: _____

10 KEY: _____ FILING: _____ CUSTOMER SERVICE: _____ ORGANIZATION: _____

LIST ANY OTHER SKILLS THAT MAY BE HELPFUL: _____

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST FIVE YEARS?

YES _____ NO _____

(IF YES, PLEASE EXPLAIN. THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION: _____)

REFERENCES

PROVIDE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO BUT WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR

NAME

ADDRESS

BUSINESS

TELEPHONE

EMPLOYMENT HISTORY

LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER _____

ADDRESS (MAILING) _____

STARTING DATE _____ ENDING DATE _____ JOB TITLE _____

STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS (MAILING) _____

STARTING DATE _____ ENDING DATE _____ JOB TITLE _____

STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME OF PREVIOUS EMPLOYER _____

ADDRESS (MAILING) _____

STARTING DATE _____ ENDING DATE _____ JOB TITLE _____

STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME OF SUPERVISOR _____ TITLE _____ PHONE _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

DRIVERS LICENSE

YOU MUST PROVIDE A COPY OF YOUR VALID DRIVERS LICENSE TO BE CONSIDERED FOR A POSITION.

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. I authorize 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 any liability from damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the 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."

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Nagle Signs, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Nagle Signs, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Nagle Signs, Inc. Drug and Alcohol Policy

I understand that filling out this form does not indicate there is a position open and does not obligate Nagle Signs, Inc. to hire. If hired, I agree to abide by all Company work rules, policies and procedures. Nagle Signs, Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

I further understand that Nagle Signs Inc. may use the internet to obtain information not indicated on this application.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY INTERVIEWED BY: _____ HIRED: YES _____ NO _____

POSITION: _____ REPORT TO: _____ SALARY: _____ APPROVED BY: _____