



GAINESVILLE NEON SIGNS

Employment Application

APPLICANT INFORMATION											
Last Name				First				M.I.			
Street Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Driver's License #				Desired Salary			
Position Applied for											
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Do you currently have any friends or relatives that work here?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, who?					
Do you have electrical experience?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have welding experience?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever had any work related accidents?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, describe					
Do you have any physical, mental or medical impairment for which you are applying?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Do you have a fear of heights?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Can you travel if the job requires it?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Do you have a valid Drivers License?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have a CDL?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you received any automobile tickets in the last three years?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Have you had any automobile accidents in the last three years?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Has your driver's license ever been suspended or revoked?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?		Why?			
Are you willing to submit to a drug screening?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you on layoff subject to recall?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					



Describe any skills or talents you possess?

Give any additional information which you feel may be helpful to us in considering your application.

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	



PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date