Neokraft
S I G N S

Employment Application

DATE _____ PHONE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

THE DEPARTMENT THAT I SEEK EMPLOYMENT IN IS:
____INSTALLATION ____VINYL ____PLASTIC FABRICATION ____NEON ____PAINT ____METAL FABRICATION ____GENERAL LABOR ____CLERICAL

Employment

MOST RECENT (OR PRESENT) EMPLOYER _____ CITY _____ STATE _____

EMPLOYED FROM _____ TO _____ PHONE _____

TYPE OF WORK PERFORMED _____
_____

PREVIOUS EMPLOYER _____ CITY _____ STATE _____

EMPLOYED FROM _____ TO _____ PHONE _____

TYPE OF WORK PERFORMED _____
_____

PREVIOUS EMPLOYER _____ CITY _____ STATE _____

EMPLOYED FROM _____ to _____ PHONE _____

TYPE OF WORK PERFORMED _____

Education

HIGHEST LEVEL OF EDUCATION COMPLETED _____

OTHER EXPERIENCES (SUCH AS, BUT NOT LIMITED TO SEMINARS, NIGHT COURSES, APPRENTICE PROGRAMS, ETC.)
_____
_____
_____

General

EXPECTED WAGE _____ PER _____

DRIVERS LICENSE # _____ DRIVING HISTORY/SPECIAL LICENSES _____
SHOP HOURS ARE GENERALLY 7:00 AM TO 3:30 PM, WOULD THIS EVER PRESENT A PROBLEM? _____
OCCASIONALLY THERE IS OVERTIME, WOULD YOU BE AVAILABLE? _____

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN,
AGE, DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED STATUS.

LIST 3 PEOPLE AS REFERENCES (INCLUDE PHONE NUMBERS)
_____
1. _____
2. _____
3. _____

SIGNATURE _____ PLEASE PRINT NAME _____

Continued
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Interview Notes

Why are you leaving your current job? _____

_____

_____

What did you like best about your last job? _____

_____

_____

If you could have made improvements in your last job, what would they have been? _____

_____

_____

What has been the most interesting job project in your career? _____

_____

_____

Describe the last person who ever worked for you or with you. _____

_____

_____

What kind of people annoy you the most? _____

_____

_____

Describe emergencies in some of your jobs for which you had to reschedule your time? _____

_____

_____

What kind of help would you like from our company if you join us? _____

_____

_____

_____

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These answers are true and complete to the best of my knowledge. Neokraft Signs, Inc. may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered.

I understand that this application is not a contract of employment. I also understand if hired, regardless of any oral representation to the contrary, the employment relationship between Neokraft Signs, Inc. and myself is terminable at-will so that both Neokraft Signs, Inc. and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I also understand that a doctor selected by Neokraft Signs, Inc. to determine whether I can perform the job duties may condition any offer of employment upon a health evaluation. In addition, I understand a drug and/or alcohol test may be required depending upon Neokraft Sign, Inc. policy.

I authorize Neokraft Signs, Inc. to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify Neokraft Signs, Inc. against any liability, which might result from making such investigation.

Additionally, I authorize Neokraft Signs, Inc. to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest Neokraft Signs, Inc. deems appropriate.

Furthermore, if hired, I agree to reimburse Neokraft Sign Company for the cost of doctor's exam and/or testing if I should voluntarily cease employment within 30 days of hiring.

NAME: ....

SIGNATURE: .... DATE: ....