

2860 W. Walnut St.
Rogers, AR 72756

479.621.6626
Fax: 479.621.6642



Employment Application

Best Sign Group considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

Email Address		Position(s) Applied For	
How Did You Learn About Us?		Are You Available to Work:	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other		<input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
		Date of Application	
		Date Available to Start	

- ☐ Yes ☐ No If you are under 18 years of age, can you provide required proof of your eligibility to work?
- ☐ Yes ☐ No Have you ever filed an application with us before? If Yes, give date: _____
- ☐ Yes ☐ No Have you ever been employed with us before? If Yes, give date: _____
- ☐ Yes ☐ No Are you currently employed?
- ☐ Yes ☐ No May we contact your present employer?
- ☐ Yes ☐ No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship status is required upon employment.*)
- ☐ Yes ☐ No Are you currently on "lay-off" status and subject to recall?
- ☐ Yes ☐ No Can you travel if a job requires it?
- ☐ Yes ☐ No Have you been convicted of a felony within the last 7 years? (*Conviction does not necessarily disqualify an applicant from employment.*)
- If Yes, please explain: _____

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- ☐ Yes ☐ No Position applied for is open? Other position(s) considered for: _____
- ☐ Yes ☐ No Arrange interview? Date: _____ Interviewer: _____
- ☐ Yes ☐ No Have references been checked? ☐ Yes ☐ No Make an offer?

Notes: _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extracurricular activities, including job-related training received in the United States Military.
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Summarize special job-related skills and qualifications acquired from employment or other experience.
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Affiliations

List professional, trade, business, or civic activities and office held. You may exclude those that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.
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Employment Experience

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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		Starting	Final	
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References

1	Name					Telephone Number(s)
Address		Number	Street	City	State	Zip Code

2	Name					Telephone Number(s)
Address		Number	Street	City	State	Zip Code

3	Name					Telephone Number(s)
Address		Number	Street	City	State	Zip Code

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment will be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **“at will”** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **“at will”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant	_____ Date
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