



Please print in ink or type

Date _____

Job Applying For (be specific)

Position title

Personal Information

Name _____
Last First

Middle name you prefer to use

Current Address _____ **Dates From-To** _____

City _____ County _____ State _____ Zip Code _____

Previous Address _____ **Dates From-To** _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Social Security Number _____ Email Address _____

Birthdate* _____ Drivers License YES NO
If yes, give number and state _____

Emergency Contact _____ Relationship _____

Phone # _____

General Information

Are you related by blood or marriage to any person now employed by NSS or CS?
 YES NO If yes, give name, relation and department. _____

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?
 YES NO If yes, explain (a yes will not automatically disqualify you). _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 YES NO

Availability

Check the types of work you will accept. Full-time Part-time Shift work Weekend
Hour's available _____ Date available for employment _____

* Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes.

Recruitment Information

Were you ever employed by National Sign Systems (NSS) or CityScapes (CS)? YES NO

How did you happen to apply at NS or CS?

- Self knowledge of openings**
- NSS employee encouraged you**
Name of employee _____
- Newspaper advertisement**
Name of newspaper _____
- Web Site**
Name of web site _____
- Other** _____

Education:

Circle last year of formal education completed.

| 1 2 3 4 5 6 7 8 9 10 11 12 | | | | | | | | | | | | College 1 2 3 4 5 6 7 8 | | | | | | | | Other 1 2 3 4 | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|-------------------------|--|--|--|-------|--|--|--|
| Dates Attended | | | | | | | | | | | | Name and Location of School | | | | | | | | Did You Graduate? | | | | | | | | Title of Diploma/Degree | | | | Major | | | |
| High School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business/Technical School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College or University | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Graduate School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

List fields of work for which you are licensed, registered or certified giving dates(s), source(s) of issuance, and number(s). _____

Work History

Include volunteer or military service. Account for the past three employers including periods of unemployment and unpaid work experience. If additional space is needed, continue on the back.

- Present Employer _____
 Address _____
 Job Title _____
 Supervisor's Name/Telephone Number _____
 No. Supervised by You _____
 Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____
 Date Employed (mo/yr) _____ Date Separated (mo/yr) _____
 Full -Time Years _____ Months _____
 Part -Time Years _____ Months _____
 If part time, number of hours worked per week _____
 Reason for Leaving _____

 Duties (List order of importance in job) _____

2. Past Employer _____
Address _____
Job Title _____
Supervisor's Name/Telephone Number _____
No. Supervised by You _____
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____
Date Employed (mo/yr) _____ Date Separated (mo/yr) _____
Full -Time Years _____ Months _____
Part -Time Years _____ Months _____
If part time, number of hours worked per week _____
Reason for Leaving _____

Duties (List order of importance in job) _____

3. Past Employer _____
Address _____
Job Title _____
Supervisor's Name/Telephone Number _____
No. Supervised by You _____
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____
Date Employed (mo/yr) _____ Date Separated (mo/yr) _____
Full -Time Years _____ Months _____
Part -Time Years _____ Months _____
If part time, number of hours worked per week _____
Reason for Leaving _____

Duties (List order of importance in job) _____

References

May we contact your present and previous supervisors for reference? YES NO

If no, please explain. _____

Have you had disciplinary action taken against you in the past 12 months? YES NO

If yes, please explain (A yes will not automatically disqualify you). _____

Have you ever been dismissed or asked to resign from any job held? YES NO

If yes, please explain. _____

Equal Opportunity Information

National Sign Systems and CityScapes are an equal opportunity/affirmative action Employer. Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of state jobs. The information requested in no way affects you as an applicant. This form will be retained in the Human Resources Department. Its sole use is to ensure our recruitment efforts reach all segments of the population. Providing this information is voluntary. Data collected will be handled confidentially to the extent allowed by law. Disclosure of this information will not result in any adverse employment action.

Gender male female

Ethnic Group

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian, Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than on of the above five races.

Disability

A disability is any impairment which substantially limits one or more life activities. A disabled person is one who (i) actually has such an impairment, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment. You may identify yourself as a person with a disability at any time during your employment with NSS or CS. Disclosure is voluntary.

AUTHORIZATION STATEMENT

READ CAREFULLY BEFORE SIGNING.

I hereby certify that to the best of my knowledge, my foregoing statements and answers are accurate, complete and true. Any discrepancy or lacking of information is sufficient cause for immediate rejection of this application or my dismissal.

In signing this application for employment, it is agreed that my previous employers may be asked for information as to my employment record including salary. I hereby release from all liability or damage those individuals or corporations who provide information relating to my prior employment or character.

I also understand that a motor vehicle operation history and criminal history may be requested from various state and private sources along with other public records available. I hereby authorize, without reservation any law enforcement agency, administrator, state agency, institution, information bureau and employer contacted by NSS or CS to furnish the above-mentioned information. I further acknowledge that telephonic facsimile (fax) or photographic copy shall be valid as the original.

A consumer report may be obtained on you for employment purposes. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living. For investigative consumer reports, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates. I voluntarily and knowingly authorize NSS or CS or its authorized agents, for employment purposes only, to obtain or prepare consumer reports or investigative consumer reports as part of the process of my applying for employment, including independent contractor assignments as applicable. I understand that if NSS or CS hires me or contracts for my services, my consent will apply, and NSS or CS or its authorized agents may prepare and obtain consumer reports or investigative consumer reports throughout my employment or contract period.

I agree that any claim or lawsuit relating to my service with National Sign Systems or CityScapes must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I authorize and agree to a pre-employment drug screen which must not end with a positive result. I understand my application can be rejected and my conditional offer of employment rescinded and/or employment terminated if such a result is obtained.

The employment contemplated by this application is an employment at will, which means that the employment can be terminated at any time and that no contract for employment for any period is intended. No statements by any person representing the company which suggest any other agreement are to be relied upon.

I have read and understand the contents of this employment application and am fully able and competent to complete it. This application is part of official employment record

Signature

Date