

**EMPLOYMENT APPLICATION FORM**

Company Name: Skyline Signs LLC  
 Company Address: 1135 E. Hwy 501  
 City/ST/Zip: Conway, SC 29526  
 Phone: (843)234-0677

**PERSONAL INFORMATION**

Today's Date:  
 Legal Name: (L,F,M)  
 Nick/Preferred Name:  
 Date of Birth:  
 Present Address:  
 City, State, Zip:  
 Email:  
 Cell Phone#:  
 Alt Phone#:  
 Social Security #:  
 Driver's License Number  
 State Issued In:  
 Expiration Date  
 Vehicle Make, Model,  
 Year:

**EMPLOYMENT DESIRED**

Position Desired:  
 Date You Can Start:  
 Salary Desired:  
 Are You Employed?  
 Ever Applied To This  
 Company Before?:  
 If So, When?:

If Yes, May We Inquire of  
 Your Present Employer

**EDUCATION HISTORY**

Name & Location Of School	Years Attended	Did You Graduate?:	Subject Studied
Grammar:			
High School:			
College:			
Trade or Other School:			

**MILITARY SERVICE**

Branch:	Rank:	Years in Service:
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**GENERAL INFORMATION**

Subjects of Special Interest, Study, Research; Special Training or Skills, Sign Industry Experience:

**FORMER EMPLOYERS: List Your Last 4 Employers, Starting With Last One First**

Date: Month / Year	Name and Address of Employer	Position	Salary	Reason For Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**REFERENCES: List 3 People Not Related To You, Whom You Have Known At Least One Year**

Name	Business Name and Address	Years Known

**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 and the references and the 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 all liability for any damage that may result from utilization of such information.

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

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:	Signature:
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Interviewed By:	Date:
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-----DO NOT WRITE BELOW THIS LINE-----

Remarks:				
Neatness:		Character:		
Personality:		Ability:		
Hired:	Dept:	Position:	Start Date:	Salary:

Approved: 1. Employment Manager / 2. Department Head / 3. General Manager