



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ TX Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No: \_\_\_\_\_ Alt. Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Who to contact in case of emergency: \_\_\_\_\_ Phone No: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide dates and details: \_\_\_\_\_

Do you know or have ever known any person employed at Bakers' Signs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes provide Name and Relationship \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

Employment Desired:

Position: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Available Start Date \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

**Education:**

Highest level of education: \_\_\_\_\_

Describe yourself in 10 words or less: \_\_\_\_\_

\_\_\_\_\_



**Work History:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Have you ever filed a Workman's Compensation, or any other related injury? \_\_\_\_\_

If yes, please give an explanation: \_\_\_\_\_



Please the name of least three persons not related to you whom you have known for at least one year.

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone#: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone#: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone#: \_\_\_\_\_ Years Known: \_\_\_\_\_

Do you have any physical condition that would prevent you from performing the job duties applied for?

Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Would you consent to a medical exam and or drug screen? Yes \_\_\_\_\_ No: \_\_\_\_\_

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information delivered from the checking of references.

If Necessary for employment, you may be required to: Supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict-of-interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



#### AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, \_\_\_\_\_, hereby authorize Bakers' Signs to investigate my background and qualifications for purpose of evaluating whether I am qualified for the position for which I am applying. I authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

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Signature of Employee

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Date

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Employee Printed Name