



344 Industrial Road  
 Green Acres Industrial Park  
 Nesquehoning, PA 18240  
 www.popsigns.com  
 T: 570.645.8701  
 F: 570.645.2178  
 resume@popsigns.com

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

POSITIONS(S) APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

How Did You Learn About Us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS *Number* *Street*

*City*

*State*

*Zip Code*

CELL/TELEPHONE NUMBER

EMAIL ADDRESS

SOCIAL SECURITY NUMBER

Are you 18 years of age or older?

Yes  No

Have you ever files an application with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date \_\_\_\_\_

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?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to work? \_\_\_\_\_

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Will you work overtime if the job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	<b>Dates Employed</b> <i>(From - To)</i>	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> <i>(Starting - Final)</i>	
Job Title                      Supervisor		
Reason For Leaving		
Employer	<b>Dates Employed</b> <i>(From - To)</i>	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> <i>(Starting - Final)</i>	
Job Title                      Supervisor		
Reason For Leaving		
Employer	<b>Dates Employed</b> <i>(From - To)</i>	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> <i>(Starting - Final)</i>	
Job Title                      Supervisor		
Reason For Leaving		
Employer	<b>Dates Employed</b> <i>(From - To)</i>	<b>Work Performed</b>
Address		
Telephone Number(s)	<b>Hourly Rate/Salary</b> <i>(Starting - Final)</i>	
Job Title                      Supervisor		
Reason For Leaving		

*If you need additional space, please continue on a separate sheet of paper.*

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

# Education

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

	Elementary School				High School				Undergraduate College/University				Graduate/Professional			
School Name & Location																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Grades in School/GPA																
Describe Course of Study																
Describe any specialized training, apprenticeship, skills and extra-curricular activities																
Describe any honors you have received																
State any additional information you feel may be helpful to us in considering your application																

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

## List professional, trade, business or civic activities and offices held

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

---



---



---

## References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

# 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 shall 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 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 \_\_\_\_\_

## For Personnel Department Use Only

Arrange Interview?  Yes  No

Remarks \_\_\_\_\_

INTERVIEWER

DATE

Employed?  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Skills Survey

Optional

Name \_\_\_\_\_ Date \_\_\_\_\_

What was your high school grade average? \_\_\_\_\_ (Letter grade or number grade)

What was your college or business school grade point average? \_\_\_\_\_

Please fill out the survey below rating your knowledge and experience on each item. **low.....high low.....high**

	Number of years of formal schooling	School/Formal Training					Experience				
		1	2	3	4	5	1	2	3	4	5
<b>Operating Systems</b>											
Microsoft or PC DOS		1	2	3	4	5	1	2	3	4	5
Microsoft Windows 95, 98, or ME		1	2	3	4	5	1	2	3	4	5
Microsoft Windows NT, or 2000		1	2	3	4	5	1	2	3	4	5
Microsoft Windows XP or Vista		1	2	3	4	5	1	2	3	4	5
Microsoft Windows 7		1	2	3	4	5	1	2	3	4	5
Microsoft Windows 8		1	2	3	4	5	1	2	3	4	5
Apple MAC		1	2	3	4	5	1	2	3	4	5
Other (please specify):		1	2	3	4	5	1	2	3	4	5
<b>Word Processing/Presentation</b>											
Microsoft Word which version?		1	2	3	4	5	1	2	3	4	5
Microsoft PowerPoint which version?		1	2	3	4	5	1	2	3	4	5
Microsoft Works which version?		1	2	3	4	5	1	2	3	4	5
Word Perfect which version?		1	2	3	4	5	1	2	3	4	5
Other (please specify):		1	2	3	4	5	1	2	3	4	5
<b>Spread Sheets/Database</b>											
Microsoft Excel which version?		1	2	3	4	5	1	2	3	4	5
Microsoft Access which version?		1	2	3	4	5	1	2	3	4	5
Microsoft Works which version?		1	2	3	4	5	1	2	3	4	5
Lotus 123 which version?		1	2	3	4	5	1	2	3	4	5
Other (please specify):		1	2	3	4	5	1	2	3	4	5
<b>Draw Programs (Optional)</b>											
Microsoft Publisher		1	2	3	4	5	1	2	3	4	5
Corel Draw		1	2	3	4	5	1	2	3	4	5
Adobe Illustrator		1	2	3	4	5	1	2	3	4	5
Adobe Photoshop		1	2	3	4	5	1	2	3	4	5
Quark Express		1	2	3	4	5	1	2	3	4	5
Other (please specify):		1	2	3	4	5	1	2	3	4	5
<b>Web Authoring (Optional)</b>											
Dreamweaver		1	2	3	4	5	1	2	3	4	5
Wix (Internet App)		1	2	3	4	5	1	2	3	4	5
Weebly (Internet App)		1	2	3	4	5	1	2	3	4	5
Other (please specify):		1	2	3	4	5	1	2	3	4	5
<b>Miscellaneous</b>											
Google Apps		1	2	3	4	5	1	2	3	4	5
Salesforce.com		1	2	3	4	5	1	2	3	4	5
<b>Office Equipment</b>											
Typewriter		1	2	3	4	5	1	2	3	4	5
Fax Machine		1	2	3	4	5	1	2	3	4	5
Copy Machine		1	2	3	4	5	1	2	3	4	5
Adding Machine		1	2	3	4	5	1	2	3	4	5
Postage Meter		1	2	3	4	5	1	2	3	4	5
Other (please specify):		1	2	3	4	5	1	2	3	4	5
<b>Other</b>											
Shipping UPS		1	2	3	4	5	1	2	3	4	5
Shipping FEDEX		1	2	3	4	5	1	2	3	4	5
Shipping via Trucker		1	2	3	4	5	1	2	3	4	5

Typing words per minute \_\_\_\_\_

Please include other skills and abilities not mentioned above. (Use back of this sheet if necessary)

---



---



---

# Skills Survey

Optional

Name \_\_\_\_\_ Date \_\_\_\_\_

Please list ALL machinery and skills in the following categories with which you have knowledge. Rate your knowledge on a scale of 1 to 10 for all items you list (1 is minimum familiarity - 10 is maximum familiarity). Use back of sheet if necessary.

Electrical

Plumbing

Carpentry

A) Cabinet Making

B) Building

Automotive Repair

Large Machinery Repair

Welding

Forklift Operations

Special Skills

Do you have any of the following certifications?

Forklift

CPR

First Aid

EMT

Fireman

Other