



Please print in ink or type	Date									
	Job Applyir	ng For (be speci	fic)							
-	F	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 Addre	ss							
Birthdate*	Drivers If yes,	License YES give number and s	□ NO tate							
Emergency Contact		Relationship								
Phone #										
General Information										
Are you related by blood or ma ☐ YES ☐ NO If yes, give na			d by NSS or CS?							
Have you ever been convicted ☐ YES ☐ NO If yes, explain	(a yes will not aut	tomatically disquali								
Are you prevented from lawfully ☐ YES ☐ NO	y becoming empl	oyed in this countr	y because of Visa or Immigratior	ı Status?						
<u>Availability</u>										
Check the types of work you v										

^{*} 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

							nal Sign S S or CS?		s (NS	S) or CitySo	apes (CS)?	□ \	YES 🗆 NO					
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			ar of	form	al edu	ıcatior	n complet	ed.										
1	2	3	4	5	6			0 11	12	College		4		8 (Other		3	4
							Dates ttended		Lo	Name an ocation of S			Did You Graduate?	Di	Title ploma/	of Degree		Major
Hi	gh So	chool																
Bu	sines	ss/Te	echni	cal S	School													
Mı	litary	Sch	ool															
Сс	llege	or L	Jnive	rsity														
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Gi	auua	ile Si	JNOOI	ı														
List	fields	s of v	vork 1	for w	hich y	ou are	e licensed	d, regist	ered	or certified g	giving dates(s	s), s	source(s) of iss	suance	e, and n	umber(s)	
	<u>Wor</u>	k Hi	stor	<u>'Y</u>														
	Inclu	ıde v c exp	olunt erier	teer o	or mili If addi	tary so	ervice. Ad space is	ccount f	or the	e past three tinue on the	employers ir back.	nclu	ding periods of	funem	nploym	ent and u	ınpai	d
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	Dutie	es (L	ist or	der	of imp	ortano	ce in job)											- -
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Addre	ess				
-					
No. S	upervised by You				
			Ending Salary \$		
			_Date Separated (mo/yr)		
Full -1	Time Years	Mo	onths		
			onths		
If part	time, number of hours	worked per weel	k		
Reaso	on for Leaving				
Duties	s (List order of importar	nce in job)			
. Past E	Employer				
Addre	ess				
Job Ti	itla				
Super	visor's Name/Telephor	ne Number			
	upervised by You				
Startir	ng Salary \$	per	Ending Salary \$	per	
Date I	Employed (mo/yr)		_Date Separated (mo/yr)		
			onths		
			onths		
Duties	s (List order of importar	nce in job)			
Refer	rences				
May w	ve contact your present	and previous su	pervisors for reference? YES	S □ NO	
If no, p	please explain				
Have y	please explain (A yes	will not automation		I YES □ NO	
Have	vou ever heen dismissi	ed or asked to re	sign from any job held? ☐ YES	S II NO	
			sign from any job field: a 120		
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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 🖵 femal	3ender		male		female
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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
□ F	Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
□ E	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 unde application is part of off		employment	application	and	am	fully	able	and	competent	to	complete	it.	This
Signature			Date										