

**SAFETY SIGNS, LLC**  
**APPLICATION FOR EMPLOYMENT**  
 (An Equal Opportunity Employer)



Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

What kind of work are you applying for? \_\_\_\_\_

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

What special qualifications do you have for this position? \_\_\_\_\_

**DRIVERS LICENSE AND DRIVING RECORD**

If your employment requires you to drive any vehicle or equipment as part of your work duties, your motor vehicle driving records must be and will be verified before your employment begins.

License Number: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

What date does your license expire? \_\_\_\_\_

Do you have a CDL, Commercial Driver's License? (Answer Yes or No) \_\_\_\_\_

**EDUCATION**

Name and Location of School	Years Attended	Did you graduate?	Course of Study
HIGH			
COLLEGE			
OTHER			

**WORK EXPERIENCE**

List Last **FIVE** years of experience

Company	From/To	Position Held	Reason for Leaving

Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employers?

If YES, please list previous employer's names \_\_\_\_\_

Were any of your previous jobs designated as a safety sensitive function subject to the drug and alcohol testing?

If YES, please list previous employer's names \_\_\_\_\_

**REFERENCES**

Give complete address and telephone numbers. DO NOT list friends and relatives

Name	Address/Phone	Relationship