



SIGNATURE INDUSTRIAL
SERVICES

THE CHOICE FOR INDUSTRIAL NEEDS

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST):		(FIRST):		(MIDDLE INITIAL):	HOME TELEPHONE:
MAILING ADDRESS:	CITY:	STATE:	ZIP	CELL TELEPHONE:	
EMAIL ADDRESS:					OTHER TELEPHONE:
HAVE YOU EVER BEEN CONVICTED OF A FELONY: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES PLEASE EXPLAIN:			
DRIVERS LICENSE #:		REFERRED BY:			

EMPLOYMENT DESIRED

POSITION:		DATE YOU CAN START	SALARY DESIRED:
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?:	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?:	WHEN?:

EDUCATION

TYPE	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:

U.S. MILITARY OR NAVAL SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK:
DO YOU HAVE A CURRENT 40 HOUR HAZWOPER CERTIFICATION?: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF HAZWOPER:
HAVE YOU HAD A CURRENT PHYSICAL?: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF PHYSICAL:
DOU YOU HAVE A CURRENT TWIC CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENT WITH ISTC BASIC?
ARE YOU CURRENT WITH ANY ISTC SITE-SPECIFICS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHAT ISTC SITE SPECIFICS?

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE/MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

NAME	ADDRESS	BUSINESS	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 understand and agree that no representative of the company has any authority to enter into any agreement 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.

I further understand that employment is contingent upon completing and passing a drug screen. Signature Industrial Services has a "zero" tolerance drug policy. Signature Industrial Services also conducts random drug tests and a Positive result on a drug screen at any time during employment shall be grounds for dismissal.

All positions will require Background/Driving checks in order to obtain entrance to our customer's facilities. I acknowledge that my signature below gives Signature Industrial Services permission to run a background and driving check with the information I have provided, if necessary to my position.

I authorize investigation of all statements contained herein and the references and 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.

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.

SIGNATURE:**DATE:**