



**Corporate Headquarters**  
1051 46<sup>th</sup> Avenue  
Oakland, CA 94601  
510-533-7693  
510-533-0815 FAX  
hr@arrowsigncompany.com

## **Application for Employment** (Pre-Employment Questionnaire)

*Please Print*

\_\_\_\_\_  
**Date**                      **Last Name**                      **First Name**                      **Middle**

### **PRESENT ADDRESS**

\_\_\_\_\_  
**No. & Street**                      **City**                      **State**                      **Zip Code**

\_\_\_\_\_  
**Business Phone**                      **Home Phone**                      **Social Security Number**

\_\_\_\_\_  
**E-mail address:**

### **EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

### **PERSONAL INFORMATION**

Have you ever applied to or worked for Arrow Sign Company before?.....  Yes  No

If yes, when?

Do you have any friends or relatives working for Arrow Sign Company.....  Yes  No

If yes, state name(s) and relationship:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Arrow Sign Company?

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

.....  Yes  No

**Arrow Sign Company Employment Application – Page 2**

Do you possess a valid California Driver License? (If “Yes” fill in information below.) .....  Yes  No

License: \_\_\_\_\_ Class: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that would require accommodation.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a crime? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**EDUCATION, TRAINING and EXPERIENCE**

|   | <b>Name &amp; Location of School</b> | <b>Number of Years</b> | <b>Did you Graduate?</b> | <b>Degree or Diploma</b> |
|---|--------------------------------------|------------------------|--------------------------|--------------------------|
| <b>Grammar School</b>                         |                                      |                        |                          |                          |
| <b>High School</b>                            |                                      |                        |                          |                          |
| <b>College</b>                                |                                      |                        |                          |                          |
| <b>Trade, Business, Correspondence School</b> |                                      |                        |                          |                          |

**EMPLOYMENT HISTORY**

List on page three all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| Name of Employer                      | Telephone No.                        |
| Type of Business                      | Your Supervisor's Name               |
| Address & Street                      | City State Zip                       |
| Dates of Employment: _____<br>From To | Weekly Pay: _____<br>Starting Ending |

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| Name of Employer                      | Telephone No.                        |
| Type of Business                      | Your Supervisor's Name               |
| Address & Street                      | City State Zip                       |
| Dates of Employment: _____<br>From To | Weekly Pay: _____<br>Starting Ending |

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Note: Attach additional page(s) if necessary.

|           | Name | Business | Address and Phone Number |
|-----------|------|----------|--------------------------|
| <b>1.</b> |      |          |                          |
| <b>2.</b> |      |          |                          |
| <b>3.</b> |      |          |                          |

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Arrow Sign Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which maybe granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Arrow Sign Company, and that no promises or representations contrary to the foregoing are binding on Arrow Sign Company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Arrow Sign Company I am entitled to copies of any such public records obtained by Arrow Sign Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**