



Date: _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				
	Last	First	Middle	
Name:				Social Security #
Street Address:				Home Phone:
City, State, ZIP				Alternate Phone:
Position applying for:				Pay Desired:
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Hours Available:	
Available for overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date available to start: _____	
			Have you worked here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Alien Registration or Visa Class #				
Have you ever been convicted of a crime (other than traffic violations)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				
EDUCATION				
School	Name of School	Dates of Attendance	Did you Graduate?	Degree or Diploma
High School				
Vocational School				
College				
Please note any special training or skills that you have (languages, machine operation, etc).				
ADDITIONAL INFORMATION				
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have your own vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If no vehicle, what is your means of transportation to work?				
<i>Signature Seating is an Equal Opportunity Employer</i>				

EMPLOYMENT HISTORY

Please give accurate, complete full-time, part-time and temporary employment history starting with your most recent employer.

Company Name:	Telephone:
Address:	Start Date: End Date:
Name of Supervisor:	Hourly/Salary Rate:
State job title and explain your work:	Reason for Leaving:
Company Name:	Telephone:
Address:	Start Date: End Date:
Name of Supervisor:	Hourly/Salary Rate:
State job title and explain your work:	Reason for Leaving:
Company Name:	Telephone:
Address:	Start Date: End Date:
Name of Supervisor:	Hourly/Salary Rate:
State job title and explain your work:	Reason for Leaving:
Company Name:	Telephone:
Address:	Start Date: End Date:
Name of Supervisor:	Hourly/Salary Rate:
State job title and explain your work:	Reason for Leaving:

MILITARY SERVICE

Have you ever served in the Armed Forces: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which branch?
Describe any training received relevant to the position for which you are applying:

APPLICANT'S STATEMENT

I certify that answers given 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.

I understand that prior to employment, or from time to time during the course of employment, I may be required to the extent permitted by law, to take a drug or alcohol screen or similar test or examination as a condition of hiring or continued employment.

In the event of employment, I understand that any false or misleading information given on 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.

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.

I authorize investigation of all references, and release of pertinent information from former employers.

May we inquire of your present employer? Yes No

Signature of applicant _____ Date _____

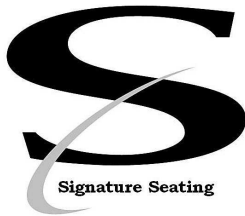
Thank you for completing this application and for your interest in Signature Seating.

If mailing application, please send to:

**Signature Seating
6900 Nelson Road
Fort Wayne, IN 46803**

If you are selected for an interview, you will be contacted. Please do not contact our office.

Signature Seating is an equal employment opportunity employer. Candidates are considered without regard to race, color, religion, sex, age, national origin, handicap or military status.



CONFIDENTIAL

Print Name: _____
(First) (Middle) (Last)

Former Name(s) Used: _____

Current Address: _____
(Mo/Yr)

Previous Address: _____
(Mo/Yr)

For Identification Purposes Only:

Social Security Number _____ **Date of Birth** _____

Telephone Number _____

Driver's License Number/State _____

The information contained in this application is correct and to the best of my knowledge. I hereby authorize Signature Seating and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be used for employment purposes only. I understand that the scope of this report may include, but is not limited to the following areas: a verification of social security number, current and previous residences, employment history, education, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state and county jurisdictions, driving records and any other public records.

Signature _____ **Date** _____