



NEOKRAFT SIGNS INC.  
 647 Pleasant Street  
 Lewiston, ME 04240  
 Phone: 207.782.9654  
 Toll Free: 1.800.339.2258  
 Website: www.neokraft.com

## Employment Application

### Applicant Information

FULL NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

PHONE (H): \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CELL: \_\_\_\_\_

I SEEK EMPLOYMENT IN: Vinyl Clerical Sales Neon General Labor Paint Design  
 Outside Install Tech (CDL Required) Metal Fabrication

DATE AVAILABLE: \_\_\_\_\_ REQUESTED WAGE: \_\_\_\_\_ Per: Week Month Year:

DRIVERS LICENSE: \_\_\_\_\_ DRIVING HISTORY: \_\_\_\_\_

SPECIAL LICENSES: (ie. Driving/ Fabrication/Electrical) \_\_\_\_\_

SHOP HOURS: (7:00 am- 3:30 pm) Would this present a problem? YES NO Would you be available to occasionally work overtime? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO If yes, explain: \_\_\_\_\_

### Education

HIGHEST LEVEL OF EDUCATION:		WHERE:	
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OTHER EXPERIENCES: Such as but not limited to: Seminars, Night Courses, Apprentice Programs, etc. (please list) \_\_\_\_\_

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## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Contact Info: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Contact Info: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO Contact Info: \_\_\_\_\_

## **Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain:

## **Questions and Answers!**

*Reasons for leaving your current job?*

*What did you like best about your last job?*

*If you could have made improvements in your last job, what would they have been?*

*What has been the most interesting job/project in your career?*

*Describe the last person you work with or for?*

*What kind of behavior annoys you the most in people?*

*Describe emergencies in some of your jobs which caused you to reschedule your time:*

*How can you help Neokraft?*

*How can Neokraft help you?*

### Disclaimer and Signature

These answers are true and complete to the best of my knowledge. Neokraft Signs, Inc. may investigate all statements contained in this application. I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge, if I am hired, regardless of when discovered.

I understand that this application is not a contract of employment. I also understand if hired, regardless of any oral representation to the contrary, the employment relationship between Neokraft Signs, Inc. and myself is terminable at-will. Both Neokraft Signs, Inc. and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I also understand that a pre-employment physical/health evaluation by a medical provider maybe required to determine whether I am able to perform certain job duties and that the results may alter any offer of employment. In addition, I understand a drug and/or alcohol test may be required depending upon Neokraft Signs, Inc. policies.

I authorize Neokraft Signs, Inc. to make a thorough investigation of my past employment, education and job-related activities. I release from all liability all persons, companies and corporations supplying such information. I also indemnify Neokraft Signs, Inc. against any liability, which might result from making such investigation.

Additionally, I authorize Neokraft Signs, Inc. sole discretion to supply my employment record, in whole or in part, to any prospective employer, government agency or other part with an interest that Neokraft Signs, Inc. deems appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_