



# Korman Signs INC.

HEADQUARTERS FOR TRANSPORTATION SAFETY AND FLEET GRAPHICS

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 Fax 804-261-1040 • korman@kormansigns.com • www.kormansigns.com

## APPLICATION FOR EMPLOYMENT

**AN EQUAL OPPORTUNITY EMPLOYER :**  
*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, national origin, handicap or veteran status.*

|  |  |       |  |   |
|--|--|-------|--|---|
| <b>P</b><br><b>E</b><br><b>R</b><br><b>S</b><br><b>O</b><br><b>N</b><br><b>A</b><br><b>L</b> | Last Name <i>First Middle</i>  |       |  | Date  |
|  | Street Address   |       |  | Home Telephone  |
|  | City   | State | Zip  | Mobile Telephone  |
|  | Date of Birth  |       | Birthplace   | Email   |
|  | Have you ever applied to/worked for Korman Signs before?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Month &amp; Year: Location:</i>                        |       |  | Social Security #   |
|  | Position Desired?  |       | Wage Desired?  | Are you of the legal age to work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Apart from absence for religious observance, are you available for full-time work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, what hours can you work?</i> |       |  | Will you work overtime if asked?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
|  | Are you a U.S. citizen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |       | If no, are you authorized to work in the U.S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | When will you be available to begin work?   |

| <b>E</b><br><b>D</b><br><b>D</b><br><b>C</b><br><b>A</b><br><b>T</b><br><b>I</b><br><b>O</b><br><b>N</b> | School                   | Name and Location of School | Course of Study | No. of Years Completed | Did You Graduate?   | Degree or Diploma |
|--|--------------------------|-----------------------------|-----------------|------------------------|---|-------------------|
|  | High School              |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | College                  |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | Business/Trade/Technical |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | Other                    |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |

## PERSONAL INFORMATION

|   |       |  |  |  |
|---|-------|--|--|--|
| <b>Marital Status</b><br><input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                             |       |  | <b>If applicable, Date of Marriage</b> | <b>Sex</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><b>Number of Dependents, including yourself</b> |
| Do you have any friends, relatives or acquaintances working for Korman Signs? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, state their name and relationship.  |       |  |  |  |
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. |       |  |  |  |
| Have you received Worker's Compensation or Disability Income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain.   |       |  |  |  |
| Do you have any physical condition which might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, describe this condition and how you can perform the job in spite of it.    |       |  |  |  |
| Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       | What is your means of transportation to work?  |  |  |
| Driver License #  | State | Expiration Date  |  |  |
| Have you had any accidents in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how many?   |       |  |  |  |
| Have you had any moving violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, how many?   |       |  |  |  |
| Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No  |       | Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Are you willing to submit to and pass a drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No   |       |  |  |  |

## PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

Exclude those which may disclose your race, color, religion or national origin

# WORK EXPERIENCE

Please give accurate, complete full-time & part-time employment record. Start with present or most recent employer.

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 1 | Company Name                         |   | Telephone  |
|   | Address                              |   | Dates of Employment (Month/Year)<br>From                      To |
|   | Name of Supervisor                   | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Hourly Wage or Salary<br>Start \$                      Finish \$ |
|   | State Job Title and Responsibilities |   | Reason for Leaving   |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 2 | Company Name                         |   | Telephone  |
|   | Address                              |   | Dates of Employment (Month/Year)<br>From                      To |
|   | Name of Supervisor                   | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Hourly Wage or Salary<br>Start \$                      Finish \$ |
|   | State Job Title and Responsibilities |   | Reason for Leaving   |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 3 | Company Name                         |   | Telephone  |
|   | Address                              |   | Dates of Employment (Month/Year)<br>From                      To |
|   | Name of Supervisor                   | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Hourly Wage or Salary<br>Start \$                      Finish \$ |
|   | State Job Title and Responsibilities |   | Reason for Leaving   |

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 4 | Company Name                         |   | Telephone  |
|   | Address                              |   | Dates of Employment (Month/Year)<br>From                      To |
|   | Name of Supervisor                   | May we contact?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Hourly Wage or Salary<br>Start \$                      Finish \$ |
|   | State Job Title and Responsibilities |   | Reason for Leaving   |

## MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces?

Yes  No

If yes, in what Branch?

Describe any training received relevant to the position for which you are applying.

## SKILLS & QUALIFICATIONS

Summarize any job-related skills, qualifications or experience you have including, certifications, specific technical skills or equipment operating skills.

## PERSONAL REFERENCES

List below 3 persons who have knowledge of your work performance.

| Name | Relationship or Title | Telephone |
|------|-----------------------|-----------|
| Name | Relationship or Title | Telephone |
| Name | Relationship or Title | Telephone |

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I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_