

Employment Application



Star Signs, LLC is an equal opportunity employer who is dedicated to a policy of non-discrimination in employment and does not discriminate based on race, color, age, sex, religion, national origin, veteran status, disability, or sexual orientation.

Date: _____

PERSONAL INFORMATION

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

Social Security #: _____ (optional unless offered a position)

Home Phone: _____ Cell Phone: _____

Address: _____

(City) (State) (Zip)

Email address: _____

DESIRED POSITION INFORMATION

Position Applying For: _____ Full-Time Part-Time

Desired Salary: \$ _____ Hourly Yearly Availability Date: _____

Yes No Have you ever been employed with Star Signs? If so, please list the position and dates of employment below:

Yes No Do you have relatives employed with Star Signs? If so, please list names, relationship, and department:

Yes No Have you been convicted of a felony within the past 7 years? If so, please explain briefly.

Yes No Are you legally eligible for employment in the United States?

Yes No Do you have a valid driver's license and/or a dependable mode of transportation to & from work?

How did you hear about Star Signs, LLC? _____



SKILLS INFORMATION

Describe any specialized training, apprenticeship, or additional skills that would be of benefit in the job for which you are applying.

Check any applicable qualifications:

Production

- Painter
- Forklift
- Hand Tools
- Other (list below)

Equipment/Vehicle

- Commercial Driver's License
- Other (list below)

EDUCATION

School	Name & Address	# Years Completed	Graduated Yes/No	Degree/Major
High School				
College				
Technical				
Vocational				

REFERENCES (WORK-RELATED)

Name	Company Name & Address	Title	Phone #



Employment History

Please list all employment for the last seven (7) years beginning with the most recent employer even if a resume is submitted with the application. Include any military service, if applicable.

Employer Name	Address	Supervisor	Phone #
Job Title:		Pay Rate:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Employment Dates:	From:	To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			
Employer Name	Address	Supervisor	Phone #
Job Title:		Pay Rate:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Employment Dates:	From:	To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			
Employer Name	Address	Supervisor	Phone #
Job Title:		Pay Rate:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Employment Dates:	From:	To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			

May we contact your current employer? Yes No



CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided on this application and any attachments/supplements are true and complete.

I understand that Star Signs, LLC will not consider an incomplete application and that any false statements, misleading representations, or omissions may disqualify me from further consideration for employment and may result in discharge, if discovered at a later date.

I understand that Star Signs, LLC will seek to verify information provided in this application.

I authorize:

- * Persons
- * Schools
- * Employers
- * Organizations

named in the application and supporting documents to provide Star Signs, LLC with any relevant information regarding an employment decision.

In doing so, I release all such persons from any liability regarding the provision or use of such information.

I understand and agree that, if employed, the terms, conditions, and duration of employment, unless otherwise provided by law, will be determined by Star Signs, LLC and may be modified from time to time by same.

It is agreed that employment may be terminated at any time for any reason by Star Sign.

(Applicant Signature)

(Date)



Employer Reference Request



Date: _____

Star Signs has received proper authorization from _____ releasing you to provide the following information regarding his/her status with your organization. Please complete this form, sign and return it to Star Signs, LLC at address listed on the bottom of this page.

We greatly appreciate your cooperation. Thank you for your time and attention to this matter.

Employer Name	Address	Supervisor	Phone #
Job Title:		Pay Rate:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Employment Dates:	From: _____ To: _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			
Eligible for Rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:			

Completed By	Title	Date

PLEASE RETURN THIS FORM TO:

Star Signs, LLC

801 East 9th Street, Lawrence, KS 66044
 Phone: 785-842-4892 FAX: 785-842-2947
 Www.starsignsllc.com