



**NAGLE SIGNS, INC.**  
**APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT  
QUESTIONNAIRE**

**AN EQUAL  
OPPORTUNITY  
EMPLOYER**

**POSITION YOU ARE APPLYING FOR :** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **ARE YOU 18 YEARS OLD OR OLDER?** YES \_\_\_ NO \_\_\_

**VALID DRIVERS LICENSE:** \_\_\_\_\_ **CDL:** \_\_\_\_\_ **IF YES, WHAT TYPE:** \_\_\_\_\_

**DESIRED EMPLOYMENT**

**POSITION:** \_\_\_\_\_ **DATE AVAILABLE:** \_\_\_\_\_ **SALARY DESIRED?** \_\_\_\_\_

**ARE YOU CURRENTLY EMPLOYED?** \_\_\_\_\_ **IF SO, MAY WE CONTACT YOUR EMPLOYER?** \_\_\_\_\_

**HAVE YOU EVER APPLIED FOR A POSITION WITH THIS COMPANY?** \_\_\_\_\_

**HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?** \_\_\_\_\_

**IF YES, LIST POSITION AND DATE** \_\_\_\_\_ **SUPERVISOR'S NAME** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**HOW DID YOU LEARN OF THIS COMPANY?** \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL	NAME & LOCATION	NO. OF YEARS ATTENDED	DEGREE/ DIPLOMA	SUBJECTS STUDIED
HIGH SCHOOL	_____	_____	_____	_____
TECHNICAL/ VOCATIONAL	_____	_____	_____	_____
COLLEGE/ UNIVERSITY	_____	_____	_____	_____

**GENERAL EXPERIENCE**

**DO YOU HAVE ANY OF THE FOLLOWING EXPERIENCE OR KNOWLEDGE:**

**ELECTRICAL WIRING:** \_\_\_\_\_ **ALUMINUM WELDING:** \_\_\_\_\_ **STICK WELDING:** \_\_\_\_\_ **WIRE WELDING:** \_\_\_\_\_

**TORCH:** \_\_\_\_\_ **PLASMA CUTTER:** \_\_\_\_\_ **OPERATE CRANE TRUCK:** \_\_\_\_\_ **SKID LOADER:** \_\_\_\_\_

**LIST ANY OTHER SKILLS THAT MAY BE HELPFUL:**

**HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST FIVE YEARS?**

YES \_\_\_\_\_ NO \_\_\_\_\_

(IF YES, PLEASE EXPLAIN. THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION: \_\_\_\_\_)

**REFERENCES**

PROVIDE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO BUT WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR

**NAME**

**ADDRESS**

**BUSINESS**

**TELEPHONE**

**EMPLOYMENT HISTORY** LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER \_\_\_\_\_

ADDRESS (MAILING) \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR? \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS (MAILING) \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR? \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS (MAILING) \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ JOB TITLE \_\_\_\_\_

STARTING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR? \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**DRIVERS LICENSE**

YOU MUST PROVIDE A COPY OF YOUR VALID DRIVERS LICENSE TO BE CONSIDERED FOR A POSITION.

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein. I authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any liability from damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Nagle Signs, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Nagle Signs, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Nagle Signs, Inc. Drug and Alcohol Policy

I understand that filling out this form does not indicate there is a position open and does not obligate Nagle Signs, Inc. to hire. If hired, I agree to abide by all Company work rules, policies and procedures. Nagle Signs, Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY** INTERVIEWED BY: \_\_\_\_\_ HIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION: \_\_\_\_\_ REPORT TO: \_\_\_\_\_ SALARY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

**PLEASE FILL IN ALL BLANKS BELOW**

# REQUEST FOR DRIVER RECORD INFORMATION

TO: Brummel Madsen Insurance  
PO BOX 399  
Cedar Falls, IA 50613

I, (applicant's name) \_\_\_\_\_ hereby authorize you to obtain and to release information about my driving record to Nagle Signs, Inc. for underwriting purposes related to their Business Auto Insurance policy. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

The following named person is employed by or has made application with our company for the position of \_\_\_\_\_. Please furnish the undersigned with the applicant's driving record for the past three years.

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_