

Application for Employment

THE WAGNER ELECTRIC SIGN COMPANY
7135 WEST RIDGE ROAD, ELYRIA OH 44035



Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT (accept for signatures, e-sig's online with verification accepted)

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____

Telephone Number () _____ Street City State Zip Code

If necessary, best time to call you at **HOME** or **CELL** () _____ : AM PM
Circle One

May we contact you at work? YES NO

If yes, work number and best time to call () _____ : AM PM

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If yes, give date _____/_____/_____

Have you ever been employed here before? YES NO

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work..... ____/____/_____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Have you ever been employed here before? YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it?..... YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

Have you been convicted of a felony in the last seven (7) years? YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

Driver's license number _____ State _____ CDL? YES NO Class _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Start		
Immediate Supervisor and Title		\$	Per	
Reason for leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Start		
Immediate Supervisor and Title		\$	Per	
Reason for leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

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		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

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Reason for leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize an special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform **job-related functions** for the position which you are applying _____

Employment Background

A. List last three (3) schools attended starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and Minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma/GED	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three (3) business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three (3) school or personal references who are NOT related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards ((Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date ____/____/____

G. Neil Companies assumes no responsibility for any decision the employer or representative makes which may violate applicable local, state or federal law.

APPLICATION QUESTIONNAIRE

Please fill out all applicable areas. Areas that do not pertain to the position you are applying for may be marked N/A (not applicable).

Considerations for interviewing/hiring are based on position(s) being available, and a complete questionnaire. Any areas left unanswered will result in an incomplete questionnaire. Three (3) pages.

1. Name _____ Date: _____

2. Phone _____ (circle one) HOME CELL WORK

3. Date available to start: _____

4. Do you have a valid Driver's License? (circle one) YES or NO

If "NO" explain: _____

5. Can you read blueprints? (circle one) YES or NO

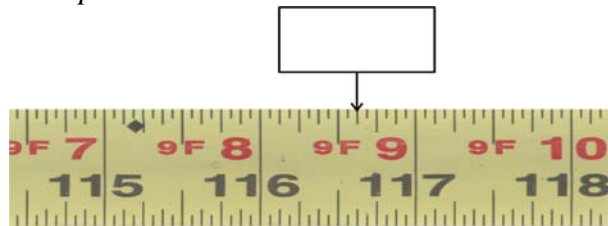
6. Can you read a tape measure? (circle one) YES or NO

If "YES" write in the measurements for the two examples below:

Example #1



Example #2



7. Do you have tools as follows:

Hammer, tape measure, pliers, screw driver, phillip screw driver, crescent wrench

(circle one) YES or NO

If "NO" can you have them within 7 days after date of hire? (circle one) YES or NO

If "NO" explain: _____

8. Why are you seeking employment here? _____

9. What type of employment are you seeking? (circle one) FULL TIME or PART TIME

Preferred Hours to work: _____

10. If a job requires you to work at night, are you available? (circle one) YES or NO

If "NO" explain: _____

11. If a job requires you to work on a weekend, are you available? (circle one) YES or NO

If "NO" explain: _____

12. Are you the sole means of support? (circle one) YES or NO

If "NO" explain: _____

13. Do you have any problems working outside year round in any of the elements that weather has to offer? (circle one) YES or NO

If "YES" explain: _____

14. Can you climb a 40' straight ladder to the top onto a roof and back down several times in the same day, if the job required it? (circle one) YES or NO

If "NO" explain: _____

15. Do you have any problems being on the end of a ladder on our crane 55 feet in the air? (circle one) YES or NO

If "YES" explain: _____

16. Do you have any problems being in a bucket on our crane 100 feet in the air? (circle one) YES or NO

If "YES" explain: _____

17. Do you have any problems working on the side of a building in a swing stage? (circle one) YES or NO

If "YES" explain: _____

18. What is the difference between a Ballast and a Transformer? _____

19. Are you familiar with Fluorescent Lighting? (circle one) YES or NO

If "YES" How long? _____

20. Are you familiar with neon lighting or neon signs? (circle one) YES or NO

If "YES" How long? _____

21. What is your goal to achieve in your job? _____

22. In your opinion, what do you feel this job is worth per hour? _____

23. In your opinion, what do you feel you need in pay to start? _____

24. Where do you want to go in life with your occupation? _____

25. In your opinion, how and when do you feel a raise is in order? _____

26. What do you feel your responsibility is to the job and/or company in which you are employed with?

27. In your opinion, is loyalty, (circle one) BOUGHT or EARNED

Please explain: _____

28. Explain in your own words as to what you feel an employee's loyalty should be to their employer.

29. What would you do if you seen another employee cheat or steel from the employer?

30. What would you do if you seen another employee cheat or steel from another employee?

Use back of sheet if you need more room

Affirmative Action Voluntary Information



7135 WEST RIDGE ROAD, ELYRIA OH 44035

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT - This Form Requires NO Signatures

Position(s) applied for _____ Date ____ / ____ / ____

Referral Source

- | | | |
|--|--|---|
| <input type="radio"/> Walk-in | <input type="radio"/> Government Employment Agency | <input type="radio"/> Private Employment Agency |
| <input type="radio"/> Employee | <input type="radio"/> Relative | <input type="radio"/> School |
| <input type="radio"/> Advertisement - Source _____ | | <input type="radio"/> Other |

Name of person who referred you, IF APPLICABLE _____

Applicant Information

Name _____ Telephone (____) _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

- Male Female

- I have received the Affirmative Action Voluntary Information form and decline to provide the requested information.

Race/Ethnicity: (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Veteran/Disabled Status: (Next Page)

Veteran*/Disabled Status:** (Check all that apply)



Disabled Veteran

(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs, or (2) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized. To identify campaigns or expeditions that may meet this criteria, you may visit the following website: www.opm.gov/veterans/html/vgmedal12.htm or send an email to othervets@vets100.com to request a copy of the list.

Armed Forces Service Medal Veteran

– Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Recently Separated Veteran

– A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Individual with Disabilities

– Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Not Applicable

*According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State, or local law requiring affirmative action for special disabled veterans.

**According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or 2) The invitation is made pursuant to a Federal, State or local law requiring affirmative action for individuals with disabilities.

For Administrative Use Only

Position(s) applied for:

Available Not Available

Other position considered for _____

Hired

Yes No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> First/Mid Level Officials and Managers | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers & Helpers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Service Workers |
| <input type="checkbox"/> Technicians | | |

Notes _____

Compiled by _____ Date ____/____/____