



N E S P E R S I G N A D V E R T I S I N G , I N C .

C E D A R R A P I D S , I O W A • N A T I O N A L

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

4620 J St. SW  
Cedar Rapids, IA 52404

PHONE: (319) 366-5312

FAX: (319) 366-6493

**Please fill in all blanks completely on application.**

**PERSONAL AND CONFIDENTIAL INFORMATION**

Nesper Sign Advertising, Inc. is an equal opportunity employer and does not discriminate with respect to race, color, national origin, religion, sex, age, disability, marital status, sexual orientation, gender identity or any other status protected by federal, state or local law.

If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify the General Manager who will make appropriate arrangements. We are an equal opportunity employer.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (      ) \_\_\_\_\_ Email \_\_\_\_\_

Position desired \_\_\_\_\_

Are you available to work various shifts and weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to travel overnight? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform the essential job functions with or without an accommodation for the position you are applying for? Yes \_\_\_\_\_ No \_\_\_\_\_  
(And then list or describe the functions here)

How would you perform the tasks, and with what accommodation(s)?

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Salary Expected \$ \_\_\_\_\_ Mo. Or \$ \_\_\_\_\_ Hr. Referred by: \_\_\_\_\_

Do you wish:      Full-time \_\_\_\_\_      Part-time \_\_\_\_\_ employment?

If you are under 18 years of age, can you provide proof of your eligibility to work?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available for work \_\_\_\_\_

Have you worked for the company in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what name(s), during what time period and in what capacity? \_\_\_\_\_

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## EDUCATION AND TRAINING HISTORY

Name of School	Location City/State	# of Years Attended	Did You Graduate?	Diploma or Degree Received?	G.P.A.
High School					
College					
Other					

Do you plan to further your education? Yes \_\_\_\_\_ No \_\_\_\_\_ Starting Date \_\_\_\_\_

Type of Course \_\_\_\_\_ Hours Attending \_\_\_\_\_

## U.S. MILITARY

Branch of Service \_\_\_\_\_

Kinds of training and duty while in service \_\_\_\_\_

Honorable Discharge? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Discharge \_\_\_\_\_

## PERSONAL RECORD

Have you been convicted of a felony or misdemeanor crime or released from confinement within the last seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please identify the conviction, the date, city and state in which it took place. Do not include minor traffic violations. **Note: A conviction is not an automatic bar to employment. Each case is considered in relation to the position applied for.** \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been sanctioned or had your license suspended or revoked? \_\_\_\_\_

Are you currently under any investigation or pending charges? \_\_\_\_\_

Driving Record: Clean \_\_\_\_\_ Good \_\_\_\_\_ Bad \_\_\_\_\_ DWI \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

## WORK RECORD

(Please start with your present or last position and complete all items requested. Please explain any gaps.)

Indicate by number here any of the following employers you do not wish contacted: \_\_\_\_\_

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1) Company \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Pay or Pay Range \_\_\_\_\_

Nature of Work on that Job \_\_\_\_\_

Responsibility \_\_\_\_\_ Supervisor \_\_\_\_\_

What did you like about your work? \_\_\_\_\_

What did you enjoy least? \_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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2) Company \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Pay or Pay Range \_\_\_\_\_ Supervisor \_\_\_\_\_

What did you like about your work? \_\_\_\_\_

What did you enjoy least? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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3) Company \_\_\_\_\_ Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Pay or Pay Range \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## **REFERENCES:**

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**AUTHORIZATION:**  
**Please read and understand this statement**  
**before signing your application.**

I understand that employment may be contingent upon satisfactorily passing a job related pre-employment physical examination which will be conducted at the employer's expense by a physician of the employer's choice and licensed by the state. The company may also, as a condition of initial or continued employment, require drug and alcohol testing where permitted by law.

For positions that may involve use of a motor vehicle, I authorize Nesper Sign Advertising, Inc. to investigate a motor vehicle records check prior to employment, including my driving history and any traffic citations along with verification of my driver's license number, as well as periodic motor vehicle checks during the course of employment.

Except as specifically provided above, I authorize Nesper Sign Advertising, Inc. to make an investigation of my personal or employment history and authorize any former employers, person, firm, corporation, credit agency, or government agency to give Nesper any information they may have regarding me. In consideration of the review of this application by Nesper, I release it and all providers of information from any claims or liability as a result of furnishing and receiving such information.

This application will normally be maintained for no more than thirty (30) days. Therefore, if you were not selected for the position for which you have applied, you will need to monitor job openings and submit an additional application once another position becomes available.

I understand that my employment may be contingent upon satisfying the requirements of the Immigration Reform and Control Act of 1986.

**If employed, I understand that my employment will be at will. That means that either the company or I can terminate the employment relationship at any time, with or without notice or cause.** This application is not an employment agreement. I understand that no one, other than one of the employer Partners, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

**PLEASE READ CAREFULLY BEFORE YOU SIGN THIS APPLICATION. FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION MAY RESULT IN REJECTION FOR EMPLOYMENT OR, IF HIRED, IMMEDIATE TERMINATION.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_