

**Employment Application**

Today's date: \_\_\_\_\_

**Disclaimer**

**THE EMPLOYMENT RELATIONSHIP BETWEEN SIGNATURE RESTORATION SOLUTIONS, LLC AND ITS EMPLOYEES IS AT-WILL AND VOLUNTARY. THIS APPLICATION IS NOT A CONTRACT.**

**SIGNATURE RESTORATION SOLUTIONS, LLC WILL KEEP THIS APPLICATION ON FILE FOR 30 DAYS.**

**General Information**

Full Name: \_\_\_\_\_  
*Last First Initial*

Address: \_\_\_\_\_  
*Number and Street Name Apartment / Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone Number: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you over 18 years old?  Yes  No

Have you worked for any Signature Restoration Solutions, LLC before? Yes  No

If Yes, where? \_\_\_\_\_ When (give dates)? \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No *(If offered employment, you are required to provide documents that verify eligibility.)*

**EMAIL ADDRESS:** \_\_\_\_\_ *(Conviction will not necessarily disqualify applicant from consideration.)*  
Have you ever been convicted of a felony?  Yes  No

If Yes, explain: \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No Do you have a CDL?  Yes  No

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

**Education**

**High School**

Number of Years Completed (circle one): 0 1 2 3 4 Diploma?  Yes  No

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**College and/or Vocational School**

Number of Years Completed (circle one): 0 1 2 3 4 4+ Degrees Earned: \_\_\_\_\_

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_

**Education (continued)**

List any special skills, qualifications, certifications, applicable course work or training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Please start with your present or most recent position.

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone Number: ( ) \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Dates Employed (From Month/Day/Year): \_\_\_\_\_(To Month/Day/Year): \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*City* *State* *ZIP Code*

Phone Number: ( ) \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Dates Employed (From Month/Day/Year): \_\_\_\_\_(To Month/Day/Year): \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History (continued)**

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Dates Employed (From Month/Day/Year): \_\_\_\_\_ (To Month/Day/Year): \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Dates Employed (From Month/Day/Year): \_\_\_\_\_ (To Month/Day/Year): \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe the Work Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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USE THIS SPACE AS NEEDED  
PLEASE READ AND SIGN THE ACKNOWLEDGEMENT ON PAGE 4 (BACK PAGE)  
APPLICATION CANNOT BE CONSIDERED IF NOT SIGNED BY APPLICANT

**APPLICANTS CERTIFICATION AND ACKNOWLEDGEMENT**

By my signature below, I authorize Signature Restoration Solutions, LLC or its agent to obtain information -- written, oral, or other -- from a consumer reporting agency bearing on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, criminal background, employment history and driving background (motor vehicle report/MVR). I understand that this investigation may include interviews with friends, acquaintances, or others who may have relevant information and that this report will be used for employment purposes, including evaluating me for employment, promotion, reassignment, or retention as an employee of Signature Restoration Solutions, LLC I understand that I have a right to request disclosure of the nature and scope of the report, including the name, address, and phone number of the consumer reporting agency as well as a summary of my rights under the federal Fair Credit Reporting Act, if the report involves personal interviews with sources such as my friends, acquaintances, or others who may have relevant information. Finally, notwithstanding anything else in this document, I understand Signature Restoration Solutions, LLC reserves the ability to avail itself of any rights set forth in any applicable federal, state, or local law, including the Fair Credit Reporting Act, as amended by the Fair and Accurate Credit Transactions Act (the "FACT Act").

I understand that if offered a position with Signature Restoration Solutions, LLC I will be required to submit to a pre-employment medical examination and drug screening. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these tests will result in withdrawal of any employment offer or termination of employment if already employed. I also authorize medical providers to release the results of my pre-employment physical and drug test and all future employment related physicals and drug tests to Signature Restoration Solutions, LLC.

I certify that the answers given in this Employment Application are true and complete to the best of my knowledge and authorize Signature Restoration Solutions, LLC. to verify the accuracy of my statements and to obtain reference information regarding my work performance. I understand that the falsification, misrepresentation or omission of any facts in this document may result in denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize any and all schools, former employers, references, background-checking agencies, and courts to provide information to Signature Restoration Solutions, LLC. and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

**I UNDERSTAND THAT NOTHING SAID OR NO ACTIONS TAKEN DURING THE RECRUITMENT, APPLICATION OR INTERVIEW PROCESS SHALL BE DEEMED TO CONSTITUTE THE TERMS OF AN EXPRESS OR IMPLIED EMPLOYMENT CONTRACT. I UNDERSTAND THAT ANY EMPLOYMENT OFFERED IS FOR AN INDEFINITE DURATION AND AT WILL, AND THAT EITHER SIGNATURE RESTORATION SOLUTIONS, LLC OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.**

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Equal Employment Opportunity Statement

*Signature Restoration Solutions, LLC is proud to be an equal opportunity employer.*

*All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status or classification protected by law.*

