



AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Signature Worldwide
5555 Parkcenter Circle
Dublin, Ohio 43017

Tel: (614) 766-5101
Fax: (614) 766-9419
Confidential Fax: (614) 734-0188

Web: www.signatureworldwide.com
E-mail: humanresources@signatureworldwide.com

Signature, Inc. does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, veteran status, sexual orientation or on the basis of age with respect to persons 18 years or older, or any other unlawful basis. No question on this application is intended to secure information to be used for such discrimination. Any applicant may request any reasonable accommodation to participate in the application process.

Signature, Inc. intends to verify and hold you responsible for the accuracy of the statements you make on this application. Proof of identity and work authorization will be required upon employment in accordance with federal regulations.

Please complete all sections in ink [or type] and indicate "not applicable" where needed.
We appreciate your interest in Signature, Inc. as a potential employer.

PERSONAL INFORMATION

Last Name		First Name		Middle Initial	Date of Application
Present Address		Apt. #	City	State	Zip
Permanent Address [Leave blank if same as above]		Apt. #	City	State	Zip
Drivers License Number [or State Identification Number]		State	Social Security Number ____ - ____ - _____		
Home Telephone Number	Mobile Telephone Number				
E-mail Address	Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WORK AUTHORIZATION STATUS – If hired, can you present evidence of U.S. Citizenship or your legal right to live and work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO					

GENERAL INFORMATION

Position applied for:		Range of compensation desired:	
Are you employed now? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for Signature, Inc. before?		<input type="checkbox"/> YES <input type="checkbox"/> NO When/Where?	
Full or Part-Time? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Shift Preference: <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
How did you learn about this position?		Please name specific source below:	
<input type="checkbox"/> Newspaper/Magazine/Internet Advertisement		_____	
<input type="checkbox"/> Current Signature, Inc. Employee/ Relative/Professional Referral		_____	
<input type="checkbox"/> School or University		_____	
<input type="checkbox"/> Government Employment Service		_____	
<input type="checkbox"/> Employment Agency		_____	
<input type="checkbox"/> Other		_____	

EMPLOYMENT HISTORY**Start with most recent employment. (If information not contained on resume, please complete.)**

Period of Employment (month/year) From: To:	Name and Address of Company	Positions Held or Duties Performed Supervisor:	Rate of Pay Start: Final:
May we contact this supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone:	
Reason for Leaving:			
Period of Employment (month/year) From: To:	Name and Address of Company	Positions Held or Duties Performed Supervisor:	Rate of Pay Start: Final:
May we contact this supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone:	
Reason for Leaving:			
Period of Employment (month/year) From: To:	Name and Address of Company	Positions Held or Duties Performed Supervisor:	Rate of Pay Start: Final:
May we contact this supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone:	
Reason for Leaving:			
Period of Employment (month/year) From: To:	Name and Address of Company	Positions Held or Duties Performed Supervisor:	Rate of Pay Start: Final:
May we contact this supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone:	
Reason for Leaving:			

PROFESSIONAL REFERENCES

List work-related references • Supervisors (preferred) • Peers • Subordinates

Name	Work Relationship	Telephone	Address

EDUCATION (If information not contained on resume, please complete.)

Type of School	Name/Location of School	Degree/Major	Did you Graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:
Other [Specify]			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:

MILITARY SERVICE

Have you ever served in any branch of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Discharge:
Branch of Service:	Dates of Service:
Duties in the service, including schools and training:	

ACKNOWLEDGEMENT

The information in this application, my resume, and/or any supplemental information form is accurate, current, and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I authorize Signature, Inc. and/or its agents to investigate my background, employment history and credentials, and to obtain any relevant information needed to make an employment decision. I agree to cooperate and assist in any such investigation, and I release Signature, Inc. and those supplying information to Signature, Inc. from liability with regard to use or disclosure of the information supplied.

I also understand and agree that:

- 1) Business needs may require as a condition of continued employment that I travel and/or work different shifts, positions or overtime.
- 2) If hired, I will sign presented agreements regarding confidential developments and proprietary information concerning the protection of such confidential and proprietary information and the ownership and assignment of ideas, inventions, and other intellectual property while employed at Signature, Inc. Copies of these documents are available for my inspection at any time during normal business hours.
- 3) Any employment is not for a fixed period of time and is terminable at the will of either Signature, Inc. or me, which means that either I or Signature, Inc. can terminate employment at any time with or without cause. No contrary representation or promises have been made to me and no such promise or representation shall be binding unless in writing and signed by an officer of Signature, Inc.

Candidate's Signature _____ Date _____

THIS ACKNOWLEDGEMENT MUST BE SIGNED FOR THE APPLICATION TO BE COMPLETE