

**Employment Application Form**

Company Name:	<b>Safe Shield LLC</b>		
Company Address:	<b>1135 E HWY 501</b>		
City/State/Zip:	<b>Conway, SC 29526</b>		
Phone:	<b>843-234-0677</b>	Fax:	<b>N/A</b>

**Personal Information**

Today's Date:	
Legal Name (L,F,M)	
Nick/Preferred Name:	
Present Address:	
City/State/Zip:	
Home E-mail:	
Home Phone:	
Social Security #:	
Driver's Lic #: (State #)	

**Employment Desired**

Position Desired:	
Date You Can Start:	
Salary Desired:	
Are You Employed?	If yes, may we inquire of your present employer?
Ever applied to this company before?	
Where and when?	

**Education History**

Name & Location of school:	Years Attended	Did you Graduate?	Subject Studied
Grammar:			
High School:			
College:			
Trade or Other School:			

**Military Service**

Branch:	Rank:	Years in Service:
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General Information: (subjects of special interest, study, research, special training or skills, sign industry experience):

Former Employers				
Date: Month/Year	Name & address of employers:	Position:	Salary:	Reason for leaving:
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				

References: List 3 people not related to you, whom you have known at least one year.		
Name	Business Name & Address	Years Known

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 and the references and the 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 all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:	Signature:
Interviewed by:	Date:

-----Do not Write Below This Line-----

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Neatness:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Character:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personality:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ability:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hired:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Salary:** \_\_\_\_\_