

# STUDIO 904

## Application For Employment

An Equal Opportunity Employer. Application will remain active for 30 days.

Position applied for: \_\_\_\_\_ Referral Source: \_\_\_\_\_

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

First MI Last

Address: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_) \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Do you smoke?  Yes  No

Are you a U.S. citizen or legally authorized to work in the U.S.?  Yes  No

Have you been convicted of a crime or released from prison in the last 10 years? \*  Yes  No

Date you are able to start work: \_\_\_\_\_

If so, explain \_\_\_\_\_

May we contact your current employer?  Yes  No

\* A "yes" answer will not necessarily bar applicant from employment.

Pay expected: \_\_\_\_\_ Per \_\_\_\_\_

Have you previously applied with us?  Yes  No

Do you wish to work:  Full-time  Part-time  
 Temporary

When? \_\_\_\_\_

Are you willing and available to work?  On call  
 Days  Evenings  Nights  
 Overtime  Weekends  Holidays

Have you previously worked with us?  Yes  No

When? \_\_\_\_\_

Education/Training	Name and Location of School	Did you graduate?	Subjects studied
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Training (Particularly that led to license or certification)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

### Skills/Abilities:

List any software programs you are skilled in using: \_\_\_\_\_

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: \_\_\_\_\_

# STUDIO 904

## Application For Employment

### Job Requirements:

Do you believe you are capable of performing, with or without accommodation, the "essential functions of the job" for which you are applying?  Yes  No

### Employment History:

Current or most recent employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_ Supervisor \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Describe your position and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact for reference?  Yes  No

Previous employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_ Supervisor \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Describe your position and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact for reference?  Yes  No

Previous employer \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Start date: \_\_\_\_\_ Leaving date: \_\_\_\_\_ Supervisor \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Describe your position and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact for reference?  Yes  No

### Personal References:

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ How long known: \_\_\_\_\_

# STUDIO 904

## Application For Employment

**Please read each of the following items before signing this application.**

1. As a final step in the hiring process, an applicant may be subject to any employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. I **CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
3. I **AUTHORIZE** the company to investigate information concerning my previous employment and education. I further authorize those persons and companies referenced above to provide information to you, and I hereby release such parties from all liability for any damage that may result from furnishing such information. I authorize this company to request a copy of my credit report from the credit bureau.
4. I **UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
5. I **UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_