

# ACOUSTIC SOUNDS INC.



P.O. Box 1905, Salina, Kansas 67402  
 Phone 785-825-8609 • Fax 785-825-0156  
 www.acousticsounds.com

# EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
NAME (Last Name, First)		Social Security No.	
Current address	City	State	Zip Code
Permanent address	City	State	Zip Code
Phone No.	Secondary Phone No.	Referred By	

Position Applying For	Date You Can Start	Salary Desired
circle (one) Are you currently employed?    Yes    No	circle (one) If so, may we inquire of your present employer    Yes    No	
circle (one) Have you ever applied before?    Yes    No	Where	When

EMPLOYMENT HISTORY	NAME & LOCATION OF SCHOOL	Years Attended	Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY ( LIST MOST CURRENT FIRST)				
DATE <small>Month and year</small>	Name & Address of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Subjects of Special Study
Special Training
Special Skills
U.S. Military or Naval Service

**REFERENCES (Persons NOT Related To You, Whom You Have Known At Least One Year)**

Name	Address & Phone	Business/Association	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 termination.

I authorize investigation of all statements contained and the references and employees 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 forgoing, 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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification for employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

---

**DATE**

---

**SIGNATURE**