

# Application For Employment

**PLEASE FILL OUT COMPLETELY AND WRITE CLEARLY.**

**DO NOT LEAVE ANY BLANK SPACES UNLESS NOT  
APPLICABLE (N/A).**

**IF YOU HAVE A RESUME, PLEASE ATTACH TO THE  
COMPLETED APPLICATION.**

**Phone Numbers:**

MIAMI: (305) 891-1000  
ORLANDO: (407) 816-9400  
PENSACOLA: (850) 476-7600  
LOS ANGELES: (818) 765-3800

# Application For Employment

We consider applicants for all positions without regard of race, color, religion, sex, national origin, age, handicap, marital status, or any other legally protected status pursuant to *Florida's Civil Rights Act of 1992*, and other relevant federal, state and local laws.

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Position Applied For			Date of Application
How Did You Learn About Us?			
Advertisement	Friend	Walk In	
Employment Agency	Relative	Other	

If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes    No

Have you ever filed an application with Pro Sound, Inc. before?

Yes    No

If yes, give date. \_\_\_\_\_

Have you ever been employed with us before?

Yes    No

If yes, give date \_\_\_\_\_

May we contact your present employer?

Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

Yes    No

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On what date would you be available for work? \_\_\_\_\_

Are you available to work:    Full Time       Part Time       Shift Work       Temporary

Are you currently on "lay-off" status and subject to recall?       Yes       No

Can you work overtime when required?       Yes       No

Can you travel if the job requires it?       Yes       No

Have you been convicted of a felony within the last 7 years?       Yes       No

If yes, please explain:

**EDUCATION:**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				
Indicate any foreign languages you can speak, read / or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				

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**EDUCATION** *(continued):*

**Describe any job related training received in the United States military.**

**Describe any specialized training, apprenticeships, skills and extra-curricular activities.**

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed (describe duties)						
	From	To							
Job Title	<table border="1"> <thead> <tr> <th colspan="2">Hourly Rate/Salary</th> </tr> <tr> <th>Starting</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Hourly Rate/Salary		Starting	Final			
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Starting	Final								
Supervisor									
Reason for leaving									
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**EMPLOYMENT EXPERIENCE** *(continued):*

Employer	Dates Employed		Work Performed (describe duties)
	From	To	
Job Title	<u>Hourly Rate/Salary</u> Starting      Final		
Supervisor			
Reason for leaving			
Employer	Dates Employed		Work Performed (describe duties)
	From	To	
Job Title	<u>Hourly Rate/Salary</u> Starting      Final		
Supervisor			
Reason for leaving			

*If you need additional space, please continue on a separate sheet of paper.*

**ADDITIONAL INFORMATION**

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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List professional, trade, business or civic activities and offices held.

*You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

## REFERENCES

\_\_\_\_\_  
1. Name ( )  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
2. Name ( )  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
3. Name ( )  
Phone #

\_\_\_\_\_  
Address

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## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE