

Application For At-Will Employment

Equal Opportunity / Affirmative Action Employer

| PLEASE COMPLETE FULLY - PRINT CLEARLY. READ DISCLOSURE STATEMENTS ON PAGE 3 BEFORE COMPLETING APPLICATION | | | | | | | | |
|--|-------------|------------------------|--------|-------------------|--------------------|--------------------|--|--|
| Name | Last | First | Middle | | Social Security Nu | ımber | | |
| Street Address | | | | | Home Phone | | | |
| City | | | State | Zip | Work Number | | | |
| Name C | of Person W | Vhere A Message Can Be | | Message Number | | | | |
| Have You Been Convicted Of A Crime Within The Past 7 Years? (A Conviction Of A Crime Will Not Necessarily Disqualify You For Employment.) YES NO If you answered yes, describe in detail | | | | | | | | |
| EMPLOYMENT INTEREST | | | | | | | | |
| Position | Applying F | For: | E | arnings Required: | hr/wk | FT / PT / Seasonal | | |
| Availab | e To Start: | | | | | | | |
| | | | | | | | | |
| EDUCATION AND TRAINING | | | | | | | | |
| High Sc | hool: (Nam | e, City, State) | | Years Attended | Graduated | Degree or Diploma | | |
| | | | | | | | | |
| College: (Name, City, State) | | | | | | | | |
| | | | | | | | | |
| Post Graduate (Name, City, State) | | | | | | | | |
| | | | | | | | | |
| Business or Trade School (Name, City, State) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | EMPLOYMENT HIS | TORY |
|---|------------------|------------------------|
| Employer: | Address: | Phone: |
| Employed From:/ To | Starting Salary: | Ending Salary: |
| Describe Your Position and Duties: | | |
| Reason For Leaving: | | |
| Name and Title of Immediate Supervisor: _ | | May We Contact He/She: |
| Employer: | Address: | Phone: |
| Employed From:/ To | Starting Salary: | Ending Salary: |
| Describe Your Position and Duties: Reason For Leaving: | | |
| | | May We Contact He/She: |
| Employer: | | Phone: |
| Employed From:/ To | Starting Salary: | Ending Salary: |
| Describe Your Position and Duties: Reason For Leaving: | | |

| Name and Title of Immediate Supervisor: | | May We Contact He/She: | | | |
|---|--|---|--|--|--|
| BUSINESS REFERENCES | | | | | |
| Name and Title: | Company: | Phone: | | | |
| Name and Title: | Company: | Phone: | | | |
| Name and Title: | Company: | Phone: | | | |
| | SPECIAL SKILLS | | | | |
| List Any Special Training, Skills, Hobbies, or Inte | erests You Feel Help Qualify You For The App | olied Position: | | | |
| | | | | | |
| C | ERTIFICATION AND AGREE PLEASE READ CAREFULLY BEFORE SIG | | | | |
| I certify that the information contained in this or omission on this application is grounds for | application is true and correct to the best of management rejection of my application or, if discovered at | ny knowledge and understand that any false statements fter I am employed, termination. | | | |
| • I consent and authorize MC Entertainment Inc. d.b.a. Curry Audio, to conduct an investigation, including but not limited to, verification of employment-related information. I understand that further information concerning the nature and scope of such investigation, if one is made, is available to me upon request. I hereby authorize all previous employers to release any information they may have concerning me and I release all such employers for any and all liability arising out of the release of such information to MC Entertainment Inc., d.b.a. Curry Audio. I understand that the information provided in this application will be used solely for determining my eligibility for employment. | | | | | |
| | ployment is made, I must provide documentati deform and Control Act of 1986, as amended. | ion evidencing my eligibility for employment in the United | | | |
| the employment relationship at any time, with and me for any specific period of employmer | n or without cause; and (2) there is no agreem nt or for continuing or long term employment. | will: (1) either MC Entertainment Inc. or I may terminate lent, express or implied, between MC Entertainment Inc. I understand and agree that if hired my at-will ent signed by me and an executive officer of MC | | | |
| APPLICANT SIGNATURE | | | | | |