



Columbus Car Audio & Accessories

www.columbuscaraudio.com

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

DATE _____

FIRST NAME		LAST NAME	
ADDRESS		CITY	STATE & ZIP
PHONE NO. ()		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION HISTORY

SCHOOL NAME	ADDRESS	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OTHER				

SUBJECTS OF SPECIAL STUDY/
OR SPECIAL TRAINING/SKILLS

GENERAL INFORMATION

IF EMPLOYED & UNDER 18 CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU PROVIDE PROOF OF CITIZENSHIP OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS? (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT) <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN _____ _____ _____	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/>	IF YES, FROM WHAT STATE?

CONTINUED ON OTHER SIDE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE (MONTH & YEAR)	EMPLOYER NAME & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	RELATIONSHIP	# 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, false statements made on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and 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 _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	LOCATION	POSITION	START DATE	SALARY