



Employment Application

Date _____

Personal Information

_____	_____	_____	_____
Last Name	Middle Name	First Name	Social Security Number
_____		_____	_____
Street Address		City	State Zip
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone/s	Are you 18 years old or over?	If not, do you have a work permit?	

Position Desired

_____	_____
Position Desired	Date Available

Type of Employment

What prompted your application to our company?

<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Can you, after employment, submit verification of your identity and legal right to work in the USA?	If you are not a US citizen, what is your visa status?	Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged or statutorily eradicated.)	

<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Do you have any physical limitations which may limit your ability to perform the position applied for?	If "Yes", please explain:	
	
	
	

Skills

<input type="checkbox"/> Manlift	<input type="checkbox"/> Soldering Iron	<input type="checkbox"/> Forklift	Can you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Leadership	<input type="checkbox"/> VOM/Analyzer	<input type="checkbox"/> Other*	_____
<input type="checkbox"/> Macintosh	<input type="checkbox"/> Power Tools		_____
<input type="checkbox"/> Windows	<input type="checkbox"/> Inventory		_____
<input type="checkbox"/> MS Word, Excel, Visio			
			List Restrictions

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If applicable to the position for which you are applying, indicate knowledge of the above skills or machines.

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Explain other skills and/or aptitudes or educational courses/degrees you have which you feel could qualify you for the type of work you seek with this company.

Education and Training

	High School	College/University	Trade School
Name			
Location			
Date Attended From			
Date Attended To			
Major			
Degree			
Date of Degree			

List other job related training, scholastic honors, vocational and professional information.

Experience

	Present or Most Recent Employer	Previous Employer	Previous Employer
Company Name			
Location			
Supervisor's Name			
May We Contact Them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title			
Date Employed From			
Date Employed To			
Starting Wage			
Ending Wage			
Reason For Leaving			

References

	Reference 1	Reference 2	Reference 3
Name			
Address			
Phone			
Relationship			

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during pre-employment interview, including a failure to disclose requested information, may result in my discharge.

I understand that I will be required to pass a physical examination, including drug testing, before a final offer of employment is made. By signing my name below, I consent to these procedures.

I understand that any employment relationship with this employer is "at-will", which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by Cetacea Sound Inc.

**Mail to: Cetacea Sound Inc.
2950 Airways Blvd. Memphis, TN
USA 38116**

**Fax to: 901-367-1420
email to: employment@cetacea.com**

Signature of Applicant

Date