

**OFFICE USE ONLY**

|              |                  |                                                                |            |      |                 |
|--------------|------------------|----------------------------------------------------------------|------------|------|-----------------|
| Date recived | Date interviewed | Hired <input type="checkbox"/> No <input type="checkbox"/> Yes | Start date | Rate | Dept / Position |
|--------------|------------------|----------------------------------------------------------------|------------|------|-----------------|

**Application for Employment**

2048 Mercer Rd, Lexington, KY 40511 • Phone: 859-233-4599 • Fax: 859-233-4510 employment@audioauthority.com • www.audioauthority.com

Audio Authority Corporation does not discriminate between applicants on the basis of race, color, national origin, or ancestry, religion, age, gender, or non-job-related medical conditions or disabilities. Please answer all questions completely and accurately. Ask for assistance if you have any questions. Incomplete information reflects negatively on your application. If enclosing a resume or other support materials with this application, please initial to acknowledge that it is subject to the terms of this application. Initials: \_\_\_\_\_

**PERSONAL DETAILS**

|                                                                                                                                                                                                 |                                                                                   |                                                                                                                  |                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Name (last, first, middle):                                                                                                                                                                     |                                                                                   |                                                                                                                  | Date of application:                                                                           |
| Current address (street, city, state, zip):                                                                                                                                                     |                                                                                   |                                                                                                                  |                                                                                                |
| Phone:                                                                                                                                                                                          |                                                                                   | Email address:                                                                                                   |                                                                                                |
| Previous address (if at your current address for less than one year):                                                                                                                           |                                                                                   |                                                                                                                  |                                                                                                |
| Social Security number:                                                                                                                                                                         | Are you a US citizen?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | If not, alien registration number:                                                                               | Type of Visa registration:<br><input type="checkbox"/> Permanent <input type="checkbox"/> Work |
| Date of birth:                                                                                                                                                                                  | What other names can we use to find your background information?                  |                                                                                                                  |                                                                                                |
| How were you referred to Audio Authority?                                                                                                                                                       |                                                                                   |                                                                                                                  |                                                                                                |
| Do you have reliable transportation?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                |                                                                                   | Are you on a lay-off or subject to recall?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, explain: |                                                                                                |
| Have you ever been convicted of, or pled "no contest" to a felony? If yes, explain - specify offense, location, and date.<br><input type="checkbox"/> No <input type="checkbox"/> Yes, explain: |                                                                                   |                                                                                                                  |                                                                                                |
| Have you ever applied for employment or worked for Audio Authority before?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, explain:                                                |                                                                                   |                                                                                                                  |                                                                                                |
| Are you related to anyone employed at Audio Authority?<br><input type="checkbox"/> No <input type="checkbox"/> Yes, name and relationship:                                                      |                                                                                   |                                                                                                                  |                                                                                                |

**WORK REQUIREMENTS**

|                                                                                                                                                                    |                                                                                         |                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Position or job you are applying for:                                                                                                                              | Pay requirements:                                                                       | Date available to start:                                                                      |
| Class of employment:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary | Desired number of hours per week:                                                       | Willing to work additional hours?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| Are you available for shift work?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                                                                      | Are you presently employed?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |                                                                                               |
| Are there any limitations on your work schedule? If yes, explain,<br><input type="checkbox"/> No <input type="checkbox"/> Yes                                      |                                                                                         |                                                                                               |

# EMPLOYMENT HISTORY

List current and two previous jobs. Include self-employment, volunteer work, military service, seasonal and part-time jobs. You may exclude names of employers that indicate race, color, religion, gender, or national origin if you choose.

## CURRENT OR MOST RECENT EMPLOYER

|                                                                                                |                                                                                                           |                              |             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| Employer name:                                                                                 | Type of business:                                                                                         | Phone (including area code): |             |
| Address (street, city, state zip):                                                             |                                                                                                           | Date hired:                  | Date left:  |
| Title or position (circle one: full time, part time, temporary):                               | Supervisor:                                                                                               | Salary start:                | Salary end: |
| Description of work, duties, responsibilities:                                                 |                                                                                                           |                              |             |
|                                                                                                |                                                                                                           |                              |             |
| Reason for leaving:                                                                            | Do you authorize us to contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              |             |
| If this employer were asked, would they give the same reason for your leaving? If no, explain: |                                                                                                           |                              |             |

## NEXT PREVIOUS EMPLOYER

|                                                                                                |                                                                                                           |                              |             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| Employer name:                                                                                 | Type of business:                                                                                         | Phone (including area code): |             |
| Address (street, city, state zip):                                                             |                                                                                                           | Date hired:                  | Date left : |
| Title or position (circle one: full time, part time, temporary):                               | Supervisor:                                                                                               | Salary start:                | Salary end: |
| Description of work, duties, responsibilities:                                                 |                                                                                                           |                              |             |
|                                                                                                |                                                                                                           |                              |             |
| Reason for leaving:                                                                            | Do you authorize us to contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              |             |
| If this employer were asked, would they give the same reason for your leaving? If no, explain: |                                                                                                           |                              |             |

## OTHER EMPLOYER

|                                                                                                |                                                                                                           |                              |             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|-------------|
| Employer name:                                                                                 | Type of business:                                                                                         | Phone (including area code): |             |
| Address (street, city, state zip):                                                             |                                                                                                           | Date hired:                  | Date left : |
| Title or position (circle one: full time, part time, temporary):                               | Supervisor:                                                                                               | Salary start:                | Salary end: |
| Description of work, duties, responsibilities:                                                 |                                                                                                           |                              |             |
|                                                                                                |                                                                                                           |                              |             |
| Reason for leaving:                                                                            | Do you authorize us to contact this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              |             |
| If this employer were asked, would they give the same reason for your leaving? If no, explain: |                                                                                                           |                              |             |

# EDUCATION, TRAINING, & SKILLS

## HIGH SCHOOL

|                                    |                 |                                                                               |
|------------------------------------|-----------------|-------------------------------------------------------------------------------|
| High School name:                  | Years attended: | Did you graduate?<br><input type="checkbox"/> NO <input type="checkbox"/> YES |
| Address (street, city, state zip): |                 | Course of study:                                                              |
| Honors/achievements:               |                 | Degree obtained & date:                                                       |

## COLLEGE

|                                    |                 |                                                                               |
|------------------------------------|-----------------|-------------------------------------------------------------------------------|
| School name:                       | Years attended: | Did you graduate?<br><input type="checkbox"/> NO <input type="checkbox"/> YES |
| Address (street, city, state zip): |                 | Course of study:                                                              |
| Honors/achievements:               |                 | Degree obtained & date:                                                       |

## POST COLLEGE

|                                    |                 |                                                                               |
|------------------------------------|-----------------|-------------------------------------------------------------------------------|
| School name:                       | Years attended: | Did you graduate?<br><input type="checkbox"/> NO <input type="checkbox"/> YES |
| Address (street, city, state zip): |                 | Course of study:                                                              |
| Honors/achievements:               |                 | Degree obtained & date:                                                       |

## OTHER

|                                    |                 |                                                                               |
|------------------------------------|-----------------|-------------------------------------------------------------------------------|
| School or program name:            | Years attended: | Did you graduate?<br><input type="checkbox"/> NO <input type="checkbox"/> YES |
| Address (street, city, state zip): |                 | Course of study:                                                              |
| Honors/achievements:               |                 | Degree obtained & date:                                                       |

## SKILLS

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| List any special skills or training you have acquired that might enhance your qualifications for this job: |
|                                                                                                            |

## REFERENCES (PERSONAL AND PROFESSIONAL)

List below the names of three persons (not relatives) whom you have known for at least one year.

|       |                  |                   |                           |
|-------|------------------|-------------------|---------------------------|
| Name: | Address & phone: | Type of business: | Years known/relationship: |
| Name: | Address & phone: | Type of business: | Years known/relationship: |
| Name: | Address & phone: | Type of business: | Years known/relationship: |