

Willis Music

PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, nations origin, veteran status or any disability as provided in the *Americans With Disabilities Act*.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action will be taken on this application until all questions have been answered.

IDENTIFICATION

Date _____ / _____ / _____

Please Print

Name _____ Last _____ First _____ Middle _____ Soc. Sec. # _____

Current Address _____ No. _____ Street _____ City _____ State _____ Zip _____

How long at this address? _____ Home Phone (____) _____ Area Code _____

PERSONAL INFORMATION

Are you 18 or over? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? Yes No

If yes, state the offense, location, date and disposition. _____

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have the ability to work overtime or travel if either is required by the job for which you are applying? Yes No

If no, please explain. _____

Would you be willing to relocate? Yes No

Drivers License: State _____ Type _____ Currently Valid? Yes No

EMPLOYMENT DESIRED

Are you seeking full-time part-time temporary or summer employment?

Position wanted: _____ Salary desired: _____

When can you start work? _____

Have you ever applied with our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer is "Yes" to either of the above questions, please state when and where you applied and/or worked.

How did you hear about our company and/or the position? _____

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify below.

EDUCATION

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		Y N	
College	From To	Y N	Major Minor
Graduate or Trade School	From To	Y N	

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what course of study? _____

List any scholastic honors, offices held and activities involved in during high school and college. _____

List and describe any other school or specialized training. _____

U.S. MILITARY SERVICE

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

ADDITIONAL EMPLOYMENT INFORMATION

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, please explain. _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain. _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain. _____

EMPLOYMENT HISTORY

Please list work history starting with current or most recent employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.
PLEASE GIVE MONTH AND YEAR. PLEASE FILL OUT COMPLETELY AND ATTACH YOUR RESUMÉ.

Name of Employer Address City, State, Zip		Supervisor/Title	Dates Employed		Pay
Telephone Area Code ()			Type of Business	From: Mo. ____ Year ____	To: Mo. ____ Year ____
Title		Reason For Leaving			

Duties

Name of Employer Address City, State, Zip		Supervisor/Title	Dates Employed		Pay
Telephone Area Code ()			Type of Business	From: Mo. ____ Year ____	To: Mo. ____ Year ____
Title		Reason For Leaving			

Duties

Name of Employer Address City, State, Zip		Supervisor/Title	Dates Employed		Pay
Telephone Area Code ()			Type of Business	From: Mo. ____ Year ____	To: Mo. ____ Year ____
Title		Reason For Leaving			

Duties

Name of Employer Address City, State, Zip		Supervisor/Title	Dates Employed		Pay
Telephone Area Code ()			Type of Business	From: Mo. ____ Year ____	To: Mo. ____ Year ____
Title		Reason For Leaving			

Duties

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s).

Are you presently employed? Yes No

 If yes, may we contact your employer? Yes No

Have you ever been fired, laid off, or asked to resign from a job? Yes No If yes, please _____
 explain.

