

Please print, completing each section even if you attach a resume.

Date		
City	State	Zip
Other Phone		
Are you 1	8 year of age or older? Ye	es No
No Referral: A	Ad Friend/Relative	eOther
	Salary desire	(per hour/year)
nployment desired: Full 7	Fime Part Time	Temp
·		raduate? Degree
ruments played, group af	filiations, computer, softw	vare, cash register)
Occupation	Address	
	CityOther Phone	No Referral: Ad Friend/Relative DUI)? Yes No Salary desire nployment desired: Full Time Part Time o work? Yes No TIONS Course of Study Yrs Attended Gruments played, group affiliations, computer, softw Occupation Address

	PLOYMENT HISTORY OF NOTION OF THE PROPERTY OF		st 3 employers in order of the most recen at and what you were doing during that ti		l time periods. If you	
1. F	FromToEmployer					
A	Address		City	St	Zip	
P	osition/Responsibiliti	ies				
S	upervisor Name		Phone #			
S	tarting Pay	per	Ending Pay	per		
R	leason for Leaving					
2. F	rom	To	Employer			
A	Address		City	St	Zip	
P	osition/Responsibiliti	ies				
S	upervisor Name		Phone #			
S	tarting Pay	per	Ending Pay	per		
R	leason for Leaving					
3. F	rom	To	Employer			
A	Address		City	St	Zip	
P	osition/Responsibiliti	ies				
S	upervisor Name		Phone #			
S	tarting Pay	per	Ending Pay	per		
R	leason for Leaving					
	ou worked under any o		len name, etc), please provide that name_ No May we contact your e			
this a under notice assur Comp I here inves crimi corpo citize I agre drug	application will be sufficerstand that my employme. I understand that no rances to the contrary. It pany to deduct the balance by authorize The Willistigate and/or obtain inferial history, etc. In addications or organization enship or lawful immigrate that, if I am employe	cient cause for cand ment may be termin representative of the Furthermore, in the nice of any outstand s Music Company ormation regarding ition, I hereby release furnishing such in ration status and pro-	pplication is true and correct. It is understood cellation of this application or separation from ated at any time by myself or by The Willis Me organization, with the exception of the conevent of termination of my employment, I he ling liabilities that I hold with The Willis Must to contact any company or individual The Willis my employment history, character and qualities from liability The Willis Music Company formation. I also understand that, if hired, I porf of identity in order to comply with federal all the rules and regulations of The Willis Must entinued employment and refusal to take such	n employment if I have Music Company at an impany President, has the ereby give my permission Company from an illis Music Company fications, driving histor, its representatives, a will be required to prolate.	re been employed. I y time, with or without pric he authority to make any sion to The Willis Music y future paychecks. considers appropriate to ory, education history, and all other persons, oduce evidence of	