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|-------------|-------------------|------------------|-------------|-------|----------------|
| Date Rec'd: | Date Interviewed: | Hired: Yes or No | Start Date: | Rate: | Dept/Position: |
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Revision 20180521



Application for Employment

2048 MERCER ROAD, LEXINGTON, KY 40511 PHONE: 859-233-4599 FAX: 859-233-4510 WEB: 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 will negatively affect 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 INFORMATION

| | | | |
|---|---|--|--|
| Name (last, first, middle): | | Date of application: | |
| Email address | | Phone (including area code): | Alternate phone: |
| Current address (street, city, state, zip): | | | |
| Previous address (if at your previous address for less than one year): | | | |
| Are you at least 18 years of age? <input type="checkbox"/> NO <input type="checkbox"/> YES | Are you a citizen of the USA? <input type="checkbox"/> NO <input type="checkbox"/> YES | If not, alien registration number: | Type of Visa registration: <input type="checkbox"/> PERMANENT <input type="checkbox"/> WORK |
| Social Security number: | Under what other name(s) could background information on you be obtained? | | |
| How were you referred to Audio Authority? | | Do you use tobacco? If yes, specify type and amount. <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Are you a veteran of US military service? If yes, indicate dates of service, highest rank, job title, type of discharge, etc. | | | |
| What personal characteristics or qualities do you possess that you feel would be an asset to Audio Authority? | | | |

Responding "YES" to the following questions will not necessarily disqualify you from employment consideration.

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| Is there anything that would prevent you from being at work on time every day? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain. | Are you on a lay-off or subject to recall? If yes, explain. <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Have you ever been convicted of, or pled "no contest" to a felony? If yes, explain. Specify offense, location, and date. <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Have you ever applied for employment with Audio Authority before? <input type="checkbox"/> NO <input type="checkbox"/> YES | Have you ever been employed by Audio Authority before? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Are you related to anyone employed at Audio Authority? If yes, who and relationship? <input type="checkbox"/> NO <input type="checkbox"/> YES, Name: Relationship? | Do you have any impairment that would prevent you from performing the job for which you are applying? <input type="checkbox"/> NO <input type="checkbox"/> YES, explain. |

WORK REQUIREMENTS

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|---|---|---|
| Position/Job being applied for: | Pay requirements: | Date available to start: |
| Class of employment: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMP | Desired number of hours/week: | Willing to work additional hours? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| Are you available for shift work? <input type="checkbox"/> NO <input type="checkbox"/> YES | Are you presently employed? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| Are there any limitations on your work schedule? If yes, explain. <input type="checkbox"/> NO <input type="checkbox"/> YES | | |
| For what length of time do you desire to be employed? | | |

EMPLOYMENT HISTORY

List below current and previous two jobs. Include self-employment, voluntary 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.

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|---|--|-------------------|---|-------------|
| Most Recent or Present 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? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 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? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| 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? <input type="checkbox"/> NO <input type="checkbox"/> YES | |
| If this employer were asked, would they give the same reason for your leaving? If no, explain. | | | | |
| Please explain any gaps in the above work history. | | | | |
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| How many days work have you missed in the past twelve months? Describe absences. | | | | |
| Have you ever been suspended from work or placed on probation for attendance, tardiness, or work performance? If YES, please explain. <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | |

EDUCATION, TRAINING, & SKILLS

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|---|------------------------------------|-----------------|---|
| High School | School name: | Years attended: | Did you graduate? <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? <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? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Address (street, city, state zip): | | Course of study: |
| | Honors/achievements: | | Degree obtained & date: |
| Other | School name: | Years attended: | Did you graduate? <input type="checkbox"/> NO <input type="checkbox"/> YES |
| | Address (street, city, state zip): | | Course of study: |
| | Honors/achievements: | | Degree obtained & date: |
| Do you plan to continue your education? If yes, when, where, course of study? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | |
| | | | |
| List any special skills or training you have acquired that might enhance your qualifications for this job: | | | |
| | | | |
| Do you speak, read, or write any foreign languages? If so, indicate your fluency. | | | |
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PERSONAL OR PROFESSIONAL REFERENCES

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: |

Did you receive any assistance in completing this application form? If yes, explain.

NO YES

If you have any comments related to applying for this job, we would welcome them here.

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CONDITIONS OF APPLICATION ACCEPTANCE & EMPLOYMENT

Please read the following paragraphs, which specify the conditions under which AUDIO AUTHORITY accepts employment applications and makes hiring decisions. After reading each paragraph, signify your understanding and acceptance of its terms by initialing in the space provided. All applications must be filled out completely, initialed where indicated, and signed before consideration will be given. Thank you for your interest and time in providing us the information in this application.

Consideration

"I understand that this application will be given thorough consideration, but its acceptance does not create any obligation to employ me, or imply that a position is available, or that I will be hired. I acknowledge that this application will be considered no longer than 6 months from the date it was made, after which an updated application will be required before further consideration will be given." Initials: _____

Misrepresentation

"I certify that the information I have supplied herein is true and complete to the best of my knowledge, and understand that falsification and/or misrepresentation of information is grounds for refusal to hire, or if hired, for immediate dismissal." Initials: _____

Authorization

"I authorize any of the persons or organizations referenced in this application to provide any and all information requested by AUDIO AUTHORITY, or its representatives, in the process of researching my personal and/or professional background. I release all such parties from all liability for any damages that may result from furnishing such information to AUDIO AUTHORITY. I authorize you to request and to receive such information unless otherwise indicated in the Employment History section of this application. I understand that an investigative report may be ordered through an agency. Information for such reports may be obtained through personal interviews with third parties such as family, friends, business associates, financial institutions, Internet search databases, and others who may be acquainted with me. Information sought may relate to character, reputation, and other personal attributes." Initials: _____

Company Policies & Procedures

"In the event of my employment, I agree to behave in accordance with the rules, regulations, policies, procedures, and philosophies of AUDIO AUTHORITY, including but not limited to those contained in its Employee Handbook. I understand that adherence to these standards is a condition of employment. I acknowledge that these items may be changed, interpreted, withdrawn, or added to by AUDIO AUTHORITY at any time, at the company's sole discretion and without my consultation or prior notice to me." Initials: _____

Drugs and Weapons Free Workplace

"It is the policy of AUDIO AUTHORITY to maintain a workplace free of illegal drugs and lethal weapons of any kind. The use of alcoholic beverages or controlled substances in the workplace is inconsistent with the behavior and superior work performance expected of employees, and exposes employees and visitors to unnecessary safety risks, and undermines the company's ability to operate effectively and efficiently. Therefore, the unlawful manufacture, distribution, possession, sale, or use of a controlled substance in the workplace, or alcohol in the workplace or while engaged in company business at any location is strictly forbidden. Such conduct is prohibited during non-working time to the extent that, in the sole opinion of the company, it impairs an employee's judgment or ability to perform on the job, or threatens the reputation or goodwill of the company. The company reserves the right to randomly test its employees for illegal drug use and substance abuse without prior notice. Failure to submit to such testing will be construed by the company as a violation of this policy. Violations of this policy are grounds for immediate disciplinary action, including immediate dismissal." Initials: _____

Smoke-Free Workplace

"AUDIO AUTHORITY maintains a work environment for its employees, customers, and visitors that is free of health hazards, property damage, and irritations associated with the use of tobacco. Cigarette smoking is permitted ONLY at designated break times outside the building. No other form of tobacco usage is permitted on company property." Initials: _____

Examinations and Testing

"I understand that I may be required to undergo various examinations, at the company's expense, including but not limited to those which assess specific skills, intelligence, integrity, personality attribute, physical health, and other matters relating to the duties of the job for which I am applying. Consideration for employment is conditional until the results of any such tests are evaluated." Initials: _____

Employment At Will

"I acknowledge that if I am hired, in the absence of a contract stating otherwise, my employment is for an unspecified period of time and may be terminated, at my option or the company's, with or without cause, and with or without notice, at any time. I further acknowledge that in the event of my employment by AUDIO AUTHORITY, continuation of the employment relationship is based solely upon mutually perceived value and desire, rather than any legal obligation." Initials: _____

Work Schedule

"I understand that although the company makes every effort to accommodate individual preferences, business needs may at time make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than weekdays, and /or customary business hours." Initials: _____

Applicant's signature:

Date:
