

OFFICE USE ONLY

Date recived	Date interviewed	Hired <input type="checkbox"/> No <input type="checkbox"/> Yes	Start date	Rate	Dept / Position
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**Application for Employment**

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

Your Initials:

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.

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? <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
Date of birth:	What other names can we use to find your background information?		
How were you referred to Audio Authority?			
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? <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. <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:			
Have you ever applied for employment or worked for Audio Authority before? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:			
Are you related to anyone employed at Audio Authority? <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: <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? <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		

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? <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? <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? <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? <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 or program 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:

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:

Contact us via Email to find out how to send us an electronic resume: hr@audioauthority.com
Send this printed form and/or resume to: Human Resources, Audio Authority Corp. 2048 Mercer Road, Lexington, KY 40511-1071 USA

CONDITIONS FOR APPLICATION ACCEPTANCE

This page specifies the conditions under which AUDIO AUTHORITY accepts employment applications and makes hiring decisions. After reading each paragraph, mark your initials to indicate that you understand and accept the terms. If you do not agree, do not apply. All applications must be filled out completely, initialed where indicated, and signed (or type in your initials and full name). Thank you for your time and interest in working for our company.

Consideration

"I understand that this application will be given thorough consideration, but its submission does not mean that a position is available, or that I will be hired. I understand that this application will be considered no longer than 6 months from the date it was made, after which an updated application may be required for further consideration." Initials: _____

Misrepresentation

"I certify that the information I have supplied herein is true and complete to the best of my knowledge and understand that submitting false or misleading information is grounds for refusal to hire or for immediate dismissal." Initials: _____

Authorization

"I authorize any of the persons or organizations I referenced in this application to provide any information requested by AUDIO AUTHORITY, or its representatives, in the process of researching my personal or professional background. I release all such parties from all liability from furnishing such information. I authorize you to request and to receive such information except as indicated in the Employment History section of this application. I understand that investigative reports may be ordered through agencies which 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 abide by 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 continuing condition of employment. I acknowledge that these conditions are subject to change by AUDIO AUTHORITY from time to time, at the company's sole discretion, and without prior notice to me." Initials: _____

Workplace Excellence and Safety

"I understand that AUDIO AUTHORITY is committed to fostering and maintaining a workplace that encourages all employees to do their very best work in a way that honors and brings out the best from their coworkers, providing maximum value to the company and its customers. I support its prohibition of illegal drugs and lethal weapons of any kind. The use of alcohol, controlled substances, or any other type of impairment in the workplace is inconsistent with the safety, behavior, and superior work performance expected of employees, and exposes others 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 or impairing substances while engaged in company business at any location is strictly forbidden. Such conduct is also prohibited during non-working time if, 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 employees for substance abuse without prior notice. Failure to submit to testing will be construed by the company as an admission of violating 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 or vaping. Smoking is permitted ONLY at designated break times outside the building. Smokeless forms of tobacco are not 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 understand 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 trust, value, and desire, rather than any legal obligation." Initials: _____

Work Schedule

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

Applicant's signature (or type full name):

Date:
