

# EMPLOYMENT APPLICATION



APPLICANT INFORMATION										
Last Name			First & MI.			Date Of Birth:				
Street Address						Apartment/Unit #				
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.			Desired Hourly Salary:				
Position Interest    DJ    Lighting Technician    Sound Technician    Photo Booth Attendant    Sales    Office Position    Setup/Teardown										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION										
High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone (    )					
Address										
Full Name					Relationship					
Company					Phone (    )					
Address										
Full Name					Relationship					
Company					Phone (    )					
Address										

**CURRENT / PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**SPECIAL TALENTS / HOBBY'S / INTERESTS**

Please list a few of your talents, hobbies, accomplishments, and other skills that may relate to working at Top Dog Productions:

--

**AVAILABILITY**

Monday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____
Tuesday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____
Wednesday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____
Thursday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____
Friday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____
Saturday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____
Sunday	Any Time	8am-4pm	12pm-8pm	4pm-12am	8pm-2am	10pm-4am	Other: _____

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------