

Application for Employment with Sonora Entertainment

Name: _____

Date: _____

Social Security Number: _____

Is there any additional information regarding change of name, use of an assumed name, or nickname necessary to check your work or education record? Yes No

Position Applied For: _____

Part I: Personal Profile

Address: _____

Home Telephone: _____

May we contact you at work?

Work Telephone: _____

Yes No

City: _____ State: _____ Zip: _____

Other Telephone: _____

Do you have any physical condition or handicap which may limit your ability to perform the job you are applying for? Yes No
If yes, please describe accommodations which can be made for this limitation:

Have you ever been convicted of a felony? Yes No

If yes, please explain. An affirmative answer to this question will not necessarily disqualify an applicant from employment.

Desired Compensation: _____ to _____ Hourly Salary

Date upon which you could begin work: _____

Career Objective:

Emergency Contact:

Whom should we contact in the event of an emergency?

Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

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Part II: Educational History

High School: _____ City/State: _____

Vocational or Trade School: _____ City/State: _____

Major, Degree Earned: _____

College: _____ City/State: _____

Major, Degree Earned: _____

College: _____ City/State: _____

Major, Degree Earned: _____

Other skills or training: _____

Part III: Military Service

Branch of Service: _____

Type of Discharge: _____ Rank at Discharge: _____

Duties: _____

Part IV: Professional References

Name: _____ Telephone: _____ Best time to contact this person: _____
" AM
Years Acquainted: _____ Nature of Relationship: _____ " PM

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Years Acquainted: _____ Nature of Relationship: _____ " PM

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Part V: Employment History

List your employment history for the last three years starting with your most recent employer.

From: _____ Company: _____
To: _____
Address: _____
City: _____ State: _____ Zip: _____
Your Position or Title: _____
Principal Job Duties: _____
Reason For Leaving: _____
Supervisor Name / Title: _____
Telephone number: _____ May we contact this person? Yes No

From: _____ Company: _____
To: _____
Address: _____
City: _____ State: _____ Zip: _____
Your Position or Title: _____
Principal Job Duties: _____
Reason For Leaving: _____
Supervisor Name / Title: _____
Telephone number: _____ May we contact this person? Yes No

From: _____ Company: _____
To: _____
Address: _____
City: _____ State: _____ Zip: _____
Your Position or Title: _____
Principal Job Duties: _____
Reason For Leaving: _____
Supervisor Name / Title: _____
Telephone number: _____ May we contact this person? Yes No

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Part VI: Applicant Statement and Signature

I authorize investigation of all statements contained in this application, including credit history and background checks for positions for which such inquiries are deemed necessary by SEG, LLC prior to employment. I understand that misrepresentation or omission of facts requested in this application is grounds for disqualification from employment or dismissal. Further, I understand and agree that employment by SEG, LLC is at-will, and may be terminated with or without cause at any time, with or without prior notice, regardless of the date of payment of my wages or salary.

Signature: _____

Date: _____

Sonora Entertainment Group, LLC is an equal opportunity employer committed to providing a work environment free of unlawful discrimination and harrassment. Sonora Entertainment does not unlawfully discriminate on the basis of race, color, religion, sex, pregnancy, national origin, ancestry, age, physical or mental disability, medical condition, marital status, sexual orientation, or veteran status.

Office Use

Interviewed by: _____

Date: _____

Comments:

Interviewed by: _____

Date: _____

Comments:

Interviewed by: _____

Date: _____

Comments:

References Checked by: _____

Date: _____

Comments:
