

Kool Inc ENTERTAINMENT

Employment Application

First Name	Last Name	Middle Name	Date of Application
Address Street		Social Security Number	
City	State	Zip Code	Drivers License #
Phone	Pager	Cell	e-mail

Yes No
Are you 18 or over?

Yes No
Is your driver's license current?

Position(s) Desired: <input type="checkbox"/> Disc-Jockey <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Audio Specialist <input type="checkbox"/> Other <input type="checkbox"/> Customer Service	Employment Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
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Current Skills: (please check all that apply)

<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Typing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Shipping/Receiving
<input type="checkbox"/> Drama	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Photography	<input type="checkbox"/> Audio/Video Set-up
<input type="checkbox"/> Mobile Dj	<input type="checkbox"/> Mac Computer	<input type="checkbox"/> Delivery	<input type="checkbox"/> Other* (please list)
<input type="checkbox"/> Radio Dj	<input type="checkbox"/> PC	<input type="checkbox"/> Quickbooks	
<input type="checkbox"/> Club Dj	<input type="checkbox"/> FileMaker Pro	<input type="checkbox"/> Dreamweaver	
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Photoshop	<input type="checkbox"/> Carpentry	
<input type="checkbox"/> Web Design	<input type="checkbox"/> Audio Repair	<input type="checkbox"/> Auto Repair	

Education:

	High School	College/University	College/University
Name:			
Location:			
Attended From:			
Attended To:			
Major:			
Degree:			
Date of Degree:			

Other Training:

Hobbies & Interests

Professional Organizations: _____

Employment History:

	Present or Most Recent Employer	Previous Employer	Previous Employer
Company:			
Address:			
Supervisor:			
Phone:			
May we Contact?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:			
Date From:			
Date To:			
Starting Salary:			
Ending Salary:			
Reason for Leaving:			

References:

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Relationship:			

Driving & Motor Vehicle:

Do you have full-time access to a motor vehicle in good working order? Yes No

Have you ever been convicted of Driving Under the Influence or Reckless Driving? Yes No _____
(if yes, list year of conviction)

List all vehicular violations within the past 3 years: _____

Criminal History:

Have you ever been convicted of a felony?
(do not include previously listed motor vehicle conviction) Yes No

Please explain. _____

How did you hear of this position? Advertisement Agency Employee Referral Other _____

Have you ever applied here before? Yes No Date previously applied: _____

Can you prove that you are legally permitted to work in this country? Yes No

Please explain why you feel you will do well in this position if accepted:

Please take a moment to examine your current schedule as it relates to other permanent employment, school or other needs and interests and list your availability or desire to work on these given days of the week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available
<input type="checkbox"/> Available From: _____	<input type="checkbox"/> Available From: _____	<input type="checkbox"/> Available From: _____	<input type="checkbox"/> Available From: _____	<input type="checkbox"/> Available From: _____	<input type="checkbox"/> Available From: _____	<input type="checkbox"/> Available From: _____

If accepted, when can you begin work: _____

I hereby certify that the information I have provided in this application for employment is true, correct and complete.
I understand that if I am employed by Kool Inc, any misstatement or omission of fact on this application may result in my dismissal.
I further understand that my acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Should Kool Inc decide to engage an investigation by a consumer reporting agency or any other investigative agency to report on my personal history, I hereby give my authorization. In the event a report is obtained, Kool Inc, at my request, must provide the name of the agency that I may thereby obtain from them the nature and substance of the information contained within the report.

Signature of Applicant

Date Signed