

SERBAN SOUND & COMMUNICATIONS

312 Kentucky Street, Bakersfield, CA. 93305-4201

Telephone: 661 324-9044 Fax: 661 324-2548

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status. All offers of employment are contingent on applicant passing a job related physical examination

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Social Security
Address		City	State	Zip	
Phone Number	Position and Wage Desired		Date you can start	18 or older	
				Y	N
EDUCATION		Name and Location	Year Completed – Graduate?	Studies/Degrees	
GRAMMAR SCHOOL			K 1 2 3 4 5 6 7 8		
HIGH SCHOOL			1 2 3 4 Y N		
COLLEGE			1 2 3 4 Y N		
TRADE OR BUSINESS			Y N		

FORMER EMPLOYMENT *List below your last employers or major periods of un employment, (1 month or more) starting with last one first.*

Date Month Year	Name and address of Employer or Reason for Unemployment	Salary On Leaving	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: *List below three persons not related to you, whom you have known at least one year.*

Name	Address/Phone	Position	Years Acquainted

Are you able to perform the tasks of the job applied for? Yes No (This may be without accommodation)

Hire may be subject to passing a medical examination and/or skill and agility tests.

FELONY: Have you ever been convicted of a Felony or have a case pending? Yes No (A conviction will not necessarily disqualify you from employment.)

AUTHORIZATION: I authorize investigation on all statements contained in this application. I understand that misrepresentation of any information supplied in the application process is cause for dismissal. Further, I understand and agree that my employment is "at will", which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice. I also accept the employer's right to inter into an alternative dispute resolution procedure to resolve employment disputes.

Signature And Date	I-9 Form	Physical/Drug Test	Drivers License #
-----------------------	----------	--------------------	-------------------

IN CASE OF EMERGENCY NOTIFY:

Name / Address / Phone:

Note: Applications are effective for a period of 60 calendar days. Re-apply to maintain effective Application