



DBA MAP Communications, Inc. is an equal opportunity/affirmative action employer. Our employment policies are to abide by all Federal, State and Local laws prohibiting discrimination in employment because of race, color, sex, religion, national origin, age, disability (where the person is able to perform the essential functions of the position), veteran status, citizenship status, or any other characteristic protected by law.

This application for employment addresses items your resume may not; therefore all individuals should take the time to complete it thoroughly and accurately. Falsification, misstatement, or omission of data shall be considered sufficient cause for denying employment or termination of employment.

PERSONAL INFORMATION

Last Name: _____ First Name: _____
 Maiden Name (if applicable): _____
 Address: _____
 City/State: _____ Zip Code: _____
 Telephone: (Work) _____ (Home) _____ (Other) _____
 E-Mail Address: _____
 Social Security Number: _____
 Name To Notify In Case Of Emergency: _____
 Address: _____ City/State: _____ Zip: _____
 Telephone: _____ Relationship: _____
 Are you either a U.S. Citizen or a Resident Alien authorized to work in the U.S.? Yes: [] No: []

HIGH SCHOOL, ACADEMIC, & PROFESSIONAL QUALIFICATIONS

School Name	Date: From	Date: To	Results

UNIVERSITY - TECHNICAL OR PROFESSIONAL QUALIFICATIONS

College/ University Name	Dates : From/To	Full Or Part Time	Type Of Education	Results

EMPLOYMENT HISTORY

Please list your 5 most recent jobs starting with your present or most recent position.

1. Employer name & address: _____

Telephone: _____ Position title: _____

Supervisor: _____ Pay rate/Salary: (\$) _____

Can we contact as a reference? Yes () No () Full Time () or Part Time ()

Date of work: From (mm/yy) _____ To (mm/yy) _____

What are the main duties & responsibilities of this position?

Reason for leaving?

How much notice did you provide? _____ written () or verbal ()

Rate your attendance during this employment period. []Excellent []Good []Average []Poor

2. Employer name & address: _____

Telephone: _____ Position title: _____

Supervisor: _____ Pay rate/Salary: (\$) _____

Can we contact as a reference? Yes () No () Date of work: (From) _____ (To) _____

What are the main duties & responsibilities of this position?

Reason for leaving?

How much notice did you provide? _____ written () or verbal ()

Rate your attendance during this employment period. []Excellent []Good []Average []Poor

EMPLOYMENT HISTORY

3. Employer name & address: _____

Telephone: _____ Position title: _____

Supervisor: _____ Pay rate/Salary: (\$) _____

Can we contact as a reference? Yes () No () Date of work: (From) _____ (To) _____

What are the main duties & responsibilities of this position?

Reason for leaving?

How much notice did you provide? _____ written () or verbal ()

Rate your attendance during this employment period. []Excellent []Good []Average []Poor

4. Employer name & address: _____

Telephone: _____ Position title: _____

Supervisor: _____ Pay rate/Salary: (\$) _____

Can we contact as a reference? Yes () No () Date of work: (From) _____ (To) _____

What are the main duties & responsibilities of this position?

Reason for leaving?

How much notice did you provide? _____ written () or verbal ()

Rate your attendance during this employment period. []Excellent []Good []Average []Poor

EMPLOYMENT HISTORY

5. Employer name & address: _____

Telephone: _____ Position title: _____

Supervisor: _____ Pay rate/Salary: (\$) _____

Can we contact as a reference? Yes () No () Date of work: (From) _____ (To) _____

What are the main duties & responsibilities of this position?

Reason for leaving?

How much notice did you provide? _____ written () or verbal ()

Rate your attendance during this employment period. []Excellent []Good []Average []Poor

OTHER REFERENCES

Name Of Reference	Company	Occupation Title	Period Known	Telephone Number

MILITARY RESPONSIBILITIES

Do you have any current weekly, monthly, or yearly military commitments? Yes [] No []
 If yes, please indicate below your commitment schedule. A copy of all military orders supporting military commitments is required for personnel records.

Branch Of Military	Type Of Duty	Date: From	Date: To

GENERAL ASSESSMENT

How did you learn of this position?

Co-worker.....[] If so, who? _____

Friend or Family..... [] If so, who? _____

Newspaper.....[] If so, which? [] _____

Indeed..... []

Internet[]

Other..... []

If other, please explain: _____

Are you interested in advancement opportunities with our company? Yes: [] No: []

If so, what skills or experience do you have that would enhance your growth opportunities with Sound Telecom?

List all languages you are fluent in other than English: _____

ENVIRONMENT

Are you available to work on holidays? Yes [] No []

Are you available to work on weekends? Saturday Yes [] No []

Sunday Yes [] No []

Do you own reliable transportation? Yes [] No []

If not, do you rely on someone else to drive you? Yes [] No []

How long will it take you to get to work? _____

Have you applied for employment with Sound Telecom within the last 90 days?.....Yes: [] No: []

Have you ever worked for **Sound Telecom**?.....Yes: [] No: []

If so, what position did you hold? _____

What name is your employment history listed under? _____

Please note the dates that you were employed. From: _____ To: _____

Who was your Supervisor? _____

Did you submit and work a proper two-week notice upon departing? Yes: [] No: []

SCHOOL COMMITMENTS

Do you have any school commitments now or in the future? Yes: [] No: []
 If yes, please detail your class schedule below:

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

If school schedule is not yet known, please indicate possible semester and year _____

PRE-SCHEDULED VACATION TIME

- All of our vacation/personal time is allocated in advance. You will not be eligible to use vacation time for the first six months of employment.
- Do you have any unchangeable vacation or personal leave requirements in the next six months?
 Yes: [] No: [] If yes, please note it below.

DATES: From: _____ To: _____ DATES: From: _____ To: _____

AVAILABILITY FOR SCHEDULING

- We operate 24 hours a day / 7 days a week.
- If selected for this position, you will receive a set shift WITHIN the available start & end times you have listed below.
- You will be required to work the schedule until your **90-day probationary period is complete**. At that time, you may submit a request to change your shift.

Please indicate in the table below the EARLIEST time you can **START** work and the LATEST TIME you can **STAY** at work.

Available	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Earliest START Time							
Latest END Time							

Are you applying for:

[] Full Time: 35-40 hours

[] Part Time: 20-29 hours (minimum 20 hours)

If hired, when would you be able to begin training? _____

I certify that all information in this application is true and correct.

Applicant's Signature _____ Date: _____

Interviewer's Signature _____ Date: _____

Applicant Waiver

(All job applicants must sign and submit with application form)

I hereby certify that the information I have provided is correct to the best of my knowledge and understand that falsification, misstatement, or omission of data shall be considered sufficient cause for denying employment or termination of employment.

I hereby authorize any of the persons or organizations listed in this application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to Sound Telecom. I hereby authorize Sound Telecom to request and receive such information.

In consideration for my employment and my being considered for employment by Sound Telecom, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by the company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I understand that no representative of the company has any authority to enter in to any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Applicant's Signature

Date