

## **Mid-America Sound Corporation**

6643 West 400 North Greenfield, IN 46140 (317)947-9980 Fax(317)947-9981 www.midamericasound.com

## **Employment Application**

## **Applicant Information**

ull Name:			Date:							
Last Address:	First			М.І.						
Street Address	Apartment/Unit #									
City				State	9	ZIP	Code			
Phone: ( )	E-r	nail Addres	s:							
Date Available: Social Security	/ No.:			_ Desired	Salary:	\$				
Position Applied for:YE										
Are you a citizen of the United States?		If no, are	you au	thorized to	work in	the U.S.?	YES			
Have you ever worked for this company?		lf so, whe	n? _				YES	NO		
YE Have you ever been convicted of a felony?		Do you ha	ave a v	alid drivers	license	?				
If yes, explain:										
Education										
High School:	Address									
From: To: Did you g		YES	NO	Degree:						
College:	Address	:								
From: To: Did you g		YES		Degree:						
Other:	Address	:								
From: To: Did you g		YES		Degree:						
References										
Please list three professional references.										
Full Name:		Relations	hip:							
Company:				Phone:	_(	)				
Address:										
Full Name: Relationship:										
Company:				Phone:	(	)				
Address:										
Full Name: Relationship:										
Company:				Phone:	(	)				
Address:										

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?									
Company:	_ Phone: _ ( _ )								
Address:	Supervisor:								
Job Title:	Ending Salary: _\$								
Responsibilities:									
From: To: Reason for Leaving:									
May we contact your previous supervisor for a reference?									
Company:	_ Phone: _ ( _ )								
Address:	Supervisor:								
Job Title:	Ending Salary: \$								
Responsibilities:									
From: To: Reason for Leaving: YES	NO								
May we contact your previous supervisor for a reference?									
Military Service									
Branch:	From: To:								
Rank at Discharge: Type of	of Discharge:	. <u> </u>							
If other than honorable, explain:									
Disclaimer and Sigr	inature								

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: