
MITCHELL ACOUSTICS | EMPLOYMENT APPLICATION

It is the policy of Mitchell Acoustics Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Full Name: _____
Address | City, State, Zip: _____
Daytime phone: _____ Evening phone: _____
Social Security Number: _____

Emergency Contact Name/Relationship to you: _____
Address | City, State, Zip: _____
Daytime phone: _____ Evening phone: _____

Job Position Applied For: _____
Hourly Salary Desired: \$ _____
Reference | Who referred you to our company? _____
Have you applied to our company previously? ___ Yes ___ No
How will you get to work? _____
Driver's License Number: _____ State issued in? _____

Are you willing to work any shift, including nights and weekends? ___ Yes ___ No
If no, please state any limitations: _____

If you are offered employment, when would you be available to begin work? _____

Are you legally eligible for employment in the United States? ___ Yes ___ No
Are you able to perform the essential functions of the job position you are applying for with or without reasonable accommodation? ___ Yes ___ No
If No, what reasonable accommodation would you require?

Applicant Employment History: List your current or most recent employment first.

Employer Name: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

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References: List any two people who would be willing to provide a reference for you.

Name: _____
Telephone: _____
Relationship: _____

Name: _____
Telephone: _____
Relationship: _____

Please provide any other information that you believe should be considered:

CERTIFICATION:

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Mitchell Acoustics Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE