

**The Acoustical Group**  
**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 or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

This is a printable application and will be used as an official application.

All applications held on file for six months from the date of the application.

**DATE:** \_\_\_\_\_

**Personal Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:**  
\_\_\_\_\_

**Current Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Phone Numbers:**

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Are you 18 years of age or older?** Yes No

**Were you referred by anyone? If so, who?** \_\_\_\_\_

**Position Desired**

**Position applying for:** \_\_\_\_\_ **Date you can start:** \_\_\_\_\_

**Salary Desired (Amt. per year):** \$ \_\_\_\_\_

**Are you currently employed:** Yes No

**If Yes, Current Employer:** \_\_\_\_\_ **May we contact them:** Yes No

**If Yes, Supervisor's Name:** \_\_\_\_\_

**Current Employer Phone Number:** \_\_\_\_\_

**Have you ever applied or worked for us before?** Yes No

**If so, when and what location?** \_\_\_\_\_

**Education**

Level	School Name	Did You Graduate (yes or no)
High School		
College		
Technical School		
Other School		
Other School		

### General Information

Subjects of Special Study or Research Work:

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Job Related Skills (typing, driver's license, previous experience, etc.):

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### Employment History

Please list your last two employers below, starting with the last one first.

Date Month/Year From_____	Employer Name & Address	Current or Last Salary	Position	Reason for Leaving
To_____				
From_____				
To_____				

### References

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

Name	Address	Telephone	Years known
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## Authorization

If you are to be hired by the Acoustical Group, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

By signing my name below I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Acoustical Group.

I understand that any employment is conditioned on a background check. I authorize the Acoustical Group to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Acoustical Group, without giving I prior notice of such disclosure. In addition, I release the Acoustical Group, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Acoustical Group. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Acoustical Group unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Acoustical Group and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Acoustical Group the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Acoustical Group's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Acoustical Group to hire. If hired, I agree to abide by all Acoustical Group work rules, policies and procedures. The Acoustical Group retains the right to revise its policies or procedures, in whole or in part, at any time.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Please mail to or drop off this application at:  
The Acoustical Group  
2215 Grant Avenue  
Jonesboro, Arkansas 72401