

APPLICATION FOR EMPLOYMENT

www.nickrailmusic.com

Santa Barbara Store / Corporate Headquarters (805) 569-5353 Fax (805) 687-1390 PLEASE <u>PRINT</u> ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Agoura Hills (818) 991-3750 Fax (818) 991-8262 • Santa Clarita (661) 299-2345 Fax (661) 299-2377 Redlands (909) 798-9998 Fax (909) 798-2626 • San Diego/Sabre Springs (858) 679-7333 Fax (858) 679-7343 Bakersfield (661) 412-4942 Fax (661) 412-4943

PLEASE COMPLETE PA	AGES 1-5.		D	ATE		
Name						
L	ast	First	Μ	liddle		Maiden
Present address						
	Number	Street	City	State	Zip	
How long		So	cial Secu	irity No	–	
Telephone ()						
If under 18, please list ag	le					
			Days/h	iours avai	ilable to work	
Position applied for (1) _			No Pre	ef	_ Thur	
			Mon _		_ Fri _ Sat	
(Be specific)			Wed _		Sun	
How many hours can you	ı work weekly?		Can y	ou work n	ights?	
Employment desired	GINTER FULL-TIME ONLY	PART-TIME	ONLY	□FU	LL- OR PART-1	IME
Date available to start wo	ork?					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	-	OF YEARS PLETED		MAJOR & DEGREE
High School						
College						
Bus. or Trade School						
Professional School						
Do you speak any forei						
	Language			Speak F	ead	Write
	Add'l Language			Speak F	ead	Write
HAVE YOU EVER BEE	N CONVICTED OF A CR	IME? DNo	🛛 Yes			
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.						

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE					
	APPLICA	ATION FOR EMPLOY	MENT		
DO YOU HAVE A DRIVER'S LICE					
What is your means of transportation	on to work?				·····
Driver's license number		issue	Operator Cor	mmercial (CDL)	□Chauffeur
Expiration date					
Have you had any accidents during Have you had any moving violation				many? Many?	
	(if appl	MUSICAL BACKGROUND licable to desired posi			
Principal Instrument			e of 1 to 10, please ra	ate vour familiarit	v with the
How many years have you played?		following (1=unfamiliar, 10=exp	pert):	
Oth an lugation was a rate			winds Brass d Instruments P		ngs
Other Instruments			onic Instruments P		c & Software
Please list two references other that	in relatives or previ	ious employers.			
Name		Name			
Position			sition		
Company		Company	iny		
Address		Address _			
Telephone ()		Telephone	e <u>()</u>		
An application form sometimes mal space below to summarize any add which you are applying.					

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT				
	MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?	🗅 Yes	🗆 No		
ARE YOU NOW A MEMBER OF THE NATIONAL GU	ARD?	Yes	🗆 No	
Specialty	Date Entered			Discharge Date
Work Please list your work experience for t	he past five vea	rs beginr	ing with y	your most recent job held.

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** Experience

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name.Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

May we contact your present employer?	🛛 Yes	🗆 No
Did you complete this application yourself	Yes	🗆 No
If not, who did?		

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Nick Rail Music, Inc (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Nick Rail Music, Inc, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Nick Rail Music, Inc_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.