

# KAZOING!

## EMPLOYMENT APPLICATION

Kazoing! is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation of origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL								
Last Name	First	Initial	Social Security #					
Other Name(s) Used		Home Telephone # ( )						
Address		Business or Message # ( )						
Position Applied For	How did you hear about us?		E-mail Address					
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)						
What days and times are you available to work?		Mon. AM PM	Tues. AM PM	Wed. AM PM	Thurs. AM PM	Fri. AM PM	Sat. AM PM	Sun. AM PM
Do you have any friends or relatives employed by Kazoing! or its competitors? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)						
Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, does your immigration status permit you to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any computer skills? (Hardware/Software)	



## EMPLOYMENT HISTORY

List last four employers, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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Duties & Responsibilities			

# CERTIFICATION & AUTHORIZATION

## References Other Than Previous Employers or Relatives

1. \_\_\_\_\_  
Name Address Telephone No.

2. \_\_\_\_\_  
Name Address Telephone No.

3. \_\_\_\_\_  
Name Address Telephone No.

The above information is true and correct. I understand that, in the event of my employment by Kazing!, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check. As a condition of my employment application, I give permission to the Company to receive a copy of any information obtained in the file of any federal, state or local court, or governmental agency concerning or relating to me. I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases requested.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or the Company at any time for any reason or no reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### *For Personnel Use Only*

Arrange Interview: \_\_\_\_\_ Yes \_\_\_\_\_ No

Interview Date and Time: \_\_\_\_\_