



1064 Snapper Dam Road  
Landisville, PA 17538

**AN EQUAL OPPORTUNITY EMPLOYER**

It is the policy of MAX Audio-Video to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

**APPLICATION FOR EMPLOYMENT**

IMPORTANT: Please fill your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

**PERSONAL DATA**

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First Name	Middle	Last	Social Security #
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Present Address in Full	City	State	Zip	Telephone
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Permanent Address (If Different)	City	State	Zip	Telephone
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Are you legally authorized to work in the United States?	Visa Type	Visa # and Expiration Date
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Do you have a Valid Drivers License?       yes     no      Date of Birth: \_\_\_\_\_

License #: \_\_\_\_\_      State: \_\_\_\_\_      Exp Date: \_\_\_\_\_

Have you ever been convicted of or sentenced for any violations of the law?     yes     no  
If yes, give full particulars. A criminal record does not constitute automatic bar to employment.

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**POSITION INFORMATION**

Position Applied for: \_\_\_\_\_

Are you willing to work any shift, including nights and weekends? yes no

How soon following notification can you report? \_\_\_\_\_

What is your salary requirement? Hourly: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_

**EDUCATION**

Did you graduate from high school? yes no GED? yes no

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College or University/complete address

Attended from: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Graduated? yes no

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_

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Other (Technical, Vocational, Graduate, etc...)/complete address

Attended from: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Graduated? yes no

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_

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Other (Technical, Vocational, Graduate, etc...)/complete address

Attended from: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Graduated? yes no

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_

List any scholarships, academic honors, awards or special achievements:

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In what languages other than English can you converse?

\_\_\_\_\_ Fluent? yes no

\_\_\_\_\_ Fluent? yes no

## EMPLOYMENT HISTORY

### PRESENT OR MOST RECENT EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

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TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

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REASON FOR LEAVING

### PREVIOUS EMPLOYER

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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DUTIES

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FULL NAME OF COMPANY	TELEPHONE	SALARY BEGIN/END	EMPLOYED FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

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TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

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REASON FOR LEAVING

**OTHER EMPLOYMENT**

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated?

yes    no

If yes, please explain:

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Have you ever been an independent contractor for the services we offer or any that relate?

yes    no

If yes, please explain:

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**MILITARY SERVICE AND STATUS**

Branch of service (If None, please state None): \_\_\_\_\_

Military Occupation: \_\_\_\_\_

Date of entry into active duty: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Seperation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rank at time of seperation: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**PERSONAL REFERENCES**

Please list three people, whom can vouch for your character (No relatives please)

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Name	Phone #	Years known	Occupation
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Name	Phone #	Years known	Occupation
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Name	Phone #	Years known	Occupation
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## APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that MAX Audio-Video has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to MAX Audio-Video made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE MAX Audio-Video to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for the purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by MAX Audio-Video and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to MAX Audio-Video any and all conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by MAX Audio-Video without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the CEO of MAX Audio-Video has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and MAX Audio-Video's Terms of Employment and Policy and Procedures, as amended from time to time by MAX Audio-Video.

MAX Audio-Video operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

I do qualify under the following:

- I do not qualify
- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

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

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