



SOUND OPTIONS

Employment Application

Applicant Full Name	Date of Application
Street Address	Home Phone ()
City/State/Zip Code	Business/Message Phone ()
Social Security #	Email address

Position for which you are applying: _____

How did you learn about our opportunity? _____

Are you seeking: Full Time Part Time Temporary

Are you at least 18 years old? Yes No

Other names under which you were employed: _____

Desired salary: _____ Date available: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Professional License/ Certification (RN, LPN, MSW, other):

Type	Registration Number	Expiration Date
_____	_____	_____
_____	_____	_____

Do you have any application pending for other registration(s)? _____

If so, what? _____

What is your examination date? _____

Please complete the following sections. Include all employment during the last 10 years and any other relevant experience. Failure to do so may result in the rejection of your application. If necessary, attach additional sheets(s) to show all relevant experience, including military experience.

Employment Experience (Please begin with your most recent employment experience and include periods of unemployment)

Employer	Date (Mo./Yr.) From To	Hourly Rate/Salary (starting): Hourly Rate/Salary (final/current):
Address		Duties:

Job Title	Hours Per Week	
Supervisor's Name:	Phone Number	
Reason for Leaving:		

Employer	Date (Mo./Yr.) From To	Hourly Rate/Salary (starting): Hourly Rate/Salary (final/current):
Address		Duties:

Job Title	Hours Per Week	
Supervisor's Name:	Phone Number	
Reason for Leaving:		

Employer	Date (Mo./Yr.) From To	Hourly Rate/Salary (starting): Hourly Rate/Salary (final/current):
Address		Duties:

Job Title	Hours Per Week	
Supervisor's Name:	Phone Number	
Reason for Leaving:		

Employer	Date (Mo./Yr.) From To	Hourly Rate/Salary (starting): Hourly Rate/Salary (final/current):
Address		Duties:

Job Title	Hours Per Week	
Supervisor's Name:	Phone Number	
Reason for Leaving:		

Education				
Check highest level completed:				
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College (# of years)	<input type="checkbox"/> AA	<input type="checkbox"/> Masters	
<input type="checkbox"/> GED	1 2 3 4 5 (circle)	<input type="checkbox"/> BA/BS	<input type="checkbox"/> PhD	
School Name/Location	From (mo/yr)	To (mo/yr)	Diploma/Degree	Major
High School				
College/University				

College/University				
Other				

Please mark if you have experience in the following:

Typing _____ wpm Excel
 Word Outlook
 PowerPoint QuickBooks Other Specific Skills: _____

Additional Education:

List workshops/training/seminars attended:

Disclosure Information:

Sound Options Inc. conducts a criminal background check on all employees. Prior to this, you are required by law to disclose any convictions you may have had. If you have been convicted, please indicate the reason for the conviction and the date of the conviction and provide a detailed description of the incident.

Have you ever been convicted of a felony? Yes No

If yes, explain:

Drug Free Work Place:

Sound Options Inc. is a drug free work place and may at its sole discretion require a pre-employment drug test or random drug tests throughout the course of employment.

Equal Opportunity Employer:

Sound Options is an equal employment opportunity employer. We adhere to a policy of making employment decisions regardless of race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this depends solely on your qualifications.

References

Name:		Name:	
Company:		Company:	
Phone #:		Phone #:	
Address:		Address:	

Applicant's Certification and Agreement:

I authorize Sound Options Inc. to obtain any relevant information (including extensive local and national criminal background checks, social security verification credit history and motor vehicle investigations) needed to make an employment decision. I authorize Sound Options Inc. to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal contractual, or accreditation audits purposes. I also authorize Sound Options Inc. to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Sound Options Inc. from any individual or entity providing information to Sound Options Inc. from all liability for any damages from the disclosure of the information. I understand and agree that nothing contained in this employment application or in granting an interview creates an employment contract between Sound Options Inc. and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand that it is conditional upon a clear criminal

background check and that the employment can be terminable "at will", and that I have a right to terminate my employment at any time and that Sound Options Inc. also retains a similar right to terminate my employment at any time. I understand that Sound Options Inc. requires a thirty day written notice if I decide to resign from a position. I understand that Sound Options may end the employment relationship at any time, without specific notice or reason. If employed I understand that Sound Options Inc. may unilaterally change or revise their benefits, policies or procedures, and such changes may include a reduction in benefits. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be considered grounds for immediate dismissal. I understand that the misrepresentation, or omission of facts called for is cause for dismissal at any time without any previous notice. I authorize investigation of all statements contained herein and the references and employers listed. Furthermore, I authorize investigation of all information concerning my previous employment and any information they may be released and release the company from all liability for any damage that may result from utilization of such information.

Sound Options is an equal employment opportunity employer. We adhere to a policy of making employment decisions regardless of race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this depends solely on your qualifications. I understand that my employment is contingent upon proof of employment authorization and of identity and will present the documents when asked.

I understand that, depending on the position for which I may be hired, Sound Options Inc. may require a full written disclosure from me and a background investigation of my record from law enforcement agencies. I authorize Sound Options Inc. to check all information contained in or related to this application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending completion of the background check and / or verification of my application. I understand that should investigation disclose misrepresentation or omission or should I fail a drug and / or alcohol screen, such disclosure will constitute ground for rejection of application or immediate dismissal.

I understand that providing false information of statements on this form will result in immediate dismissal or denial of employment. Additionally, I certify that I am not currently using illegal drugs.

Signature of Applicant _____ Date _____

Print Name _____



SOUND OPTIONS

Thank you for your interest in Sound Options. Please return your application to:

Attn: Human Resources
3518 6th Ave. Suite 300
Tacoma, WA 98406
Phone: 1-800-628-7649
Fax: 253-756-0579