



S O U N D O P T I O N S I N C

3518 6th Avenue, Suite. 300
Tacoma, WA 98406
HR: 253.756.5007 ext. 119
FAX: 253.756.0579
www.soundoptions.com

EMPLOYMENT APPLICATION

- Thank you for your interest in Sound Options, Inc..
- Applications must be complete, signed and dated to receive employment consideration.
- Resumes may be submitted for additional information, but not in place of the application.
- Sound Options, Inc. is required to verify citizenship and work authorization at the time of employment and has the right to further investigate any information on this application.
- Employment is contingent on background check.

Sound Options, Inc. is an Equal Opportunity / Affirmative Action Employer

***In order to be considered, applications MUST be filled out in FULL**

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City			State		ZIP
Phone			E-mail Address		
Date Available		Are you over 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		Desired Salary	
Drivers License #		State Issued		Expiration Date	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you willing to travel?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what percentage of time: 25% <input type="checkbox"/> 35% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/>	
How did you learn of employment opportunities at Sound Options, Inc.?					
Agency <input type="checkbox"/> Ad <input type="checkbox"/> Internet <input type="checkbox"/> Company Website <input type="checkbox"/> Other <input type="checkbox"/>					
Please indicate your skills regarding the following software:					
Word		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	None <input type="checkbox"/>
Excel		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	None <input type="checkbox"/>
Access		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	None <input type="checkbox"/>
Outlook		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	None <input type="checkbox"/>
QuickBooks		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	None <input type="checkbox"/>

EDUCATION							
High School					City:		
					State:		
Start Date:		End Date:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & GPA
College					Address		
Start Date:		End Date:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & GPA
Other					Address		

From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Occupational License, Certification, or Registration (RN, LPN, paramedic, etc.)				Type of License/ Certification:			Number: Expiration Date:	

***In order to be considered for this position, application MUST be filled-out in FULL**

PREVIOUS EMPLOYMENT – BACK TEN YEARS							
Company				Supervisor's Phone # ()			
Address				Supervisor			
Job Title			Final Salary\$			Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Responsibilities, duties, and equipment operated							
Start Date:		End Date:		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company				Supervisor's Phone # ()			
Address				Supervisor			
Job Title			Final Salary\$			Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Responsibilities, duties, and equipment operated							
Start Date:		End Date:		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Company				Supervisor's Phone # ()			
Address				Supervisor			
Job Title			Final Salary\$			Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Responsibilities, duties, and equipment operated							
Start Date:		End Date:		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate dismissal.	
Signature	Date

