



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

3518 6th Avenue, Suite. 300
Tacoma, WA 98406
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.

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

PLEASE TYPE OR PRINT

Identification

Name: _____
(Last) (First) (Middle)

Address: _____
(Street/P.O. Box)

_____ (City) (State) (Zip Code)

Telephone Numbers: _____
(Circle best number to reach you) (Home Number) (Message Number) (Business Number)

Social Security Number: _____

Work Preferences

In general, what type of work are you seeking? _____

Are you willing to travel? (check one) Yes No If yes, what percentage of time? _____

What appointment would you accept? Full-time Part-time Temporary Intermittent

Date available to start: _____ Minimum acceptable salary: _____

Education

Please Circle Last Year of Formal Education Completed: Secondary School College &/or Vocational School Other: _____
7 8 9 10 11 12 1 2 3 4 Assc. BA MA PhD

	Name and Location of School	Type of Degree Received	Program or Major Coursework
Last High School	_____	_____	_____
College, University, Business, Technical or Military Schools	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Graduate School	_____	_____	_____

For questions 1-8, please circle a response. For questions 9-13 use additional sheets of paper if needed.

1. **yes no** Are you a former employee of Sound Options, Inc.? If yes, list date of last employment and your name at that time: _____
2. **yes no** Have you ever applied for employment here? If yes, when: _____
3. **yes no** Are you over 18 years of age?
4. **yes no** Are you a U.S. citizen, permanent resident, or authorized to work in the United States?
5. **yes no** Do you have a valid driver's license?
Issuing state: _____ Number: _____ Expiration Date: _____
6. **yes no** Have you ever been dismissed from a position? If yes, you must provide details:

7. **yes no** Have you ever been convicted of a criminal offense? If yes, you must provide details. A "yes" answer will not jeopardize your candidacy unless the conviction is related to bona fide job requirements of a position (e.g. traffic violations and positions requiring driving).

8. **yes no** Are you able to perform the duties of the position for which you are applying, including regular attendance, with or without a reasonable accommodation? (If you need an explanation for the meaning of "reasonable accommodation," please contact Sound Options, Inc.)

9. List any professional or technical licenses or certificates related to the type of employment you are seeking, (e.g. paramedic, RN, LPN, Medical Assistant, etc.). Indicate license number and expiration date.

Type of License/Certificate	Number	Expiration Date

10. List any job-related professional or technical organizations to which you belong:

11. Indicate equipment you operate which may be used in the type of employment you are seeking (e.g. office equipment, copiers, computer, etc.).

12. Indicate any information regarding your training, qualifications, and skills not covered elsewhere on this application (e.g. second language, software, etc.).

13. How did you learn of employment opportunities at Sound Options, Inc.?
 Agency Ad Other Internet Employee's Name: _____

Experience (List all employment for the past 10 years. Include military experience.)

Current or Most Recent Position				Dates of employment	
				From (Mo./Yr.)	To (Mo./Yr.)
Employer		May we contact this employer?		Department	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address				Supervisor	
Phone	Final Salary	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Your Full Name (if different)	
Description of duties, responsibilities and equipment operated					
Reason for leaving _____					

Previous Position				Dates of employment	
				From (Mo./Yr.)	To (Mo./Yr.)
Employer		May we contact this employer?		Department	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address				Supervisor	
Phone	Final Salary	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Your Full Name (if different)	
Description of duties, responsibilities and equipment operated					
Reason for leaving _____					

Previous Position				Dates of employment	
				From (Mo./Yr.)	To (Mo./Yr.)
Employer		May we contact this employer?		Department	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address				Supervisor	
Phone	Final Salary	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Your Full Name (if different)	
Description of duties, responsibilities and equipment operated					
Reason for leaving _____					

References

List three employment references who are not related to you and have known you for at least one year.

1.	Name _____	Years Acquainted _____
	Address _____	
	Business _____	Phone Number _____
2.	Name _____	Years Acquainted _____
	Address _____	
	Business _____	Phone Number _____
3.	Name _____	Years Acquainted _____
	Address _____	
	Business _____	Phone Number _____

In Case of Emergency Notify

Name _____	Relationship _____
Address _____	
Phone Number _____	

Certification and Statement of Understanding

I certify that all of the information furnished in this employment application is complete to the best of my knowledge. I understand that:

1. Sound Options, Inc..com may investigate the information I have furnished, and I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, convictions, or personal information.
2. Sound Options, Inc. is a drug-free workplace. Individuals offered employment may be required to successfully complete a pre-employment physical which includes drug testing. A positive drug and/or alcohol test will result in rejection of the employment application and withdrawal of the conditional offer of employment.
3. If offered employment, as a condition of employment, I will be required to submit proof of my identity and legal right to work in the U.S.
4. If I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when, how or in what context discovered to be false or omitted, may result in my immediate dismissal.
5. I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.
6. I will be required to keep all professional licenses or certificates required for my position current within the guidelines established by the licensing department.
7. If I am offered a position, it will be on an "at-will basis" which is defined as employment for no definite period. I understand and agree that my employment may be terminated at any time, with or without cause, and with or without notice, at the option of either the Company or myself.

Signature _____ Date _____