

## **EMPLOYMENT APPLICATION**

| Position Applied For: | Today's Date: |  |
|-----------------------|---------------|--|
|-----------------------|---------------|--|

| APPLICANT INFORMATION |               |          |           |                    |  |            |        |       |       |      |   |  |     |     |  |      |  |  |
|-----------------------|---------------|----------|-----------|--------------------|--|------------|--------|-------|-------|------|---|--|-----|-----|--|------|--|--|
| Last Name             |               |          |           |                    |  | First Name |        |       |       |      |   |  |     |     |  | M.I. |  |  |
| Street Address        |               |          |           |                    |  |            |        |       |       |      |   |  | Apt | #   |  |      |  |  |
| City                  |               | State    |           |                    |  |            | ZIP    |       |       |      |   |  |     |     |  |      |  |  |
| Primary F             | Primary Phone |          |           |                    |  |            | Seco   | ndary | y Ph  | one  |   |  |     |     |  |      |  |  |
|                       |               |          |           | Email Addre        | ess  |            |        |       |       |      |   |  |     |     |  |      |  |  |
|                       |               |          |           | NO 🗌               | If no, are you authorized to work in the U.S.? YES |            |        |       |       |      |   |  | NC  | ) [ |  |      |  |  |
|                       |               |          |           | NO 🗌               | If so, when?                                       |            |        |       |       |      |   |  |     |     |  |      |  |  |
|                       |               |          | NO 🗌      | If yes,<br>explair | ,  |            |        |       |       |      |   |  |     |     |  |      |  |  |
|                       |               |          |           |                    |  |            | Схріан | '     |       |      |   |  |     |     |  |      |  |  |
| EDUCA                 | TION          |          |           |                    |  |            |        |       |       |      |   |  |     |     |  |      |  |  |
| High Sch              | hool          |          |           |                    | Address  |            |        |       |       |      |   |  |     |     |  |      |  |  |
| From                  |               | То       |           | Did you gra        | aduate?  | YES 🗌      | NO [   | ]   D | egr   | ee   |   |  |     |     |  |      |  |  |
| College               |               |          |           |                    |  | Address    |        |       |       |      |   |  |     |     |  |      |  |  |
| From                  |               | То       |           | Did you gra        | aduate?  | YES 🗌      | NO [   | ]   D | egr   | ee   |   |  |     |     |  |      |  |  |
| Other                 |               |          |           |                    |  | Address    |        |       |       |      |   |  |     |     |  |      |  |  |
| From                  |               | То       |           | Did you gra        | aduate?  | YES 🗌      | NO [   | ]   D | egr   | ee   |   |  |     |     |  |      |  |  |
|                       |               |          |           |                    |  |            |        |       |       |      |   |  |     |     |  |      |  |  |
| REFERI                | ENCES         | S        |           |                    |  |            |        |       |       |      |   |  |     |     |  |      |  |  |
| Please lis            | st three      | e profes | sional re | eferences.         |  |            |        |       |       |      | I |  |     |     |  |      |  |  |
| Full Nam              | е             |          |           |                    |  |            |        | Rela  | tions | ship |   |  |     |     |  |      |  |  |
| Company               | /             |          |           |                    |  |            |        | Phor  | ne    |      |   |  |     |     |  |      |  |  |
| Address               |               |          |           |                    |  |            |        |       |       |      |   |  |     |     |  |      |  |  |
| Full Nam              | е             |          |           |                    |  |            |        | Rela  | tions | ship |   |  |     |     |  |      |  |  |
| Company               | /             |          |           |                    |  |            |        | Phor  | ne    |      |   |  |     |     |  |      |  |  |
| Address               |               |          |           |                    |  |            |        |       |       |      |   |  |     |     |  |      |  |  |
| Full Nam              | е             |          |           |                    |  |            |        | Rela  | tions | ship |   |  |     |     |  |      |  |  |
| Company               | ,             |          |           |                    |  |            |        | Phor  | ne    |      |   |  |     |     |  |      |  |  |
| Address               |               |          |           |                    |  |            | '      |       |       |      |   |  |     |     |  |      |  |  |

| PREVIOUS EMPLOYMENT  |            |                  |  |  |  |  |  |  |  |
|--|------------|------------------|--|--|--|--|--|--|--|
| Company  | Phone      |                  |  |  |  |  |  |  |  |
| Address  | Supervisor |                  |  |  |  |  |  |  |  |
| Job Title  | \$         | Ending Salary \$ |  |  |  |  |  |  |  |
| Responsibilities   |            |                  |  |  |  |  |  |  |  |
| From To Reason for Leav  |            |                  |  |  |  |  |  |  |  |
| May we contact your previous supervisor for a referer  | NO 🗆       |                  |  |  |  |  |  |  |  |
| Company  | Phone      |                  |  |  |  |  |  |  |  |
| Address  | Supervisor |                  |  |  |  |  |  |  |  |
| Job Title  | \$         | Ending Salary \$ |  |  |  |  |  |  |  |
| Responsibilities   |            |                  |  |  |  |  |  |  |  |
| From To Reason for Leaving   |            |                  |  |  |  |  |  |  |  |
| May we contact your previous supervisor for a referer  | NO 🗆       |                  |  |  |  |  |  |  |  |
| Company  | Phone      |                  |  |  |  |  |  |  |  |
| Address  | Supervisor |                  |  |  |  |  |  |  |  |
| Job Title  | \$         | Ending Salary \$ |  |  |  |  |  |  |  |
| Responsibilities   |            |                  |  |  |  |  |  |  |  |
| From To Reason for Leaving   |            |                  |  |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference? YES NO  |            |                  |  |  |  |  |  |  |  |
|  |            |                  |  |  |  |  |  |  |  |
| OTHER  What languages do you speak fluently?   |            |                  |  |  |  |  |  |  |  |
| Do you have any physical limitations?  |            |                  |  |  |  |  |  |  |  |
| Describe any relatable experience you might have:  |            |                  |  |  |  |  |  |  |  |
| Describe any relatable experience you might have.  |            |                  |  |  |  |  |  |  |  |
| BACKGROUND CHECK   |            |                  |  |  |  |  |  |  |  |
| Cutting Edge Entertainment may conduct a background check on its applicants.  The following information will only be used for this purpose. All information contained herein will be kept confidential.                          |            |                  |  |  |  |  |  |  |  |
| Date of Birth Texas DL   |            |                  |  |  |  |  |  |  |  |
| 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 release. |            |                  |  |  |  |  |  |  |  |
| Signature Date   |            |                  |  |  |  |  |  |  |  |