HB Sound & Light, Inc.

101 North 8th Street Grand Forks, ND 58203 Phone: 701-775-1150 3331 S. University Drive and Fargo, ND 58102





APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION					Date:/		
Name:				Phone:	()		
(LAST)		(FIRST)	(M.I.)		,		
Current addre	ss:						
	(ST	REET)	(CITY)		(STATE)	(ZIP CODE)	
Are you 18 year	ars or older?	YES	NO				
Have you ever been convicted of a felony?			YES				
Do you have a	a clean driving r	ecord?	YES		NO		
EMPLOYMEN	IT DESIRED	Location:	Fargo		Grand Forks _		
Position :				Date available:			
Salary desired	l:		Are you currently en	nployed?	Y N		
Have you eve	r applied to this	company before?	Y N Where?		Whe	en?	
How did you h	ear about this p	oosition?					
Do you know a	anyone working	for HB? Y N	Who?				
Referred by: _							
EDUCATION							
	Name/lo	cation of school		# Years	Did you graduate?	Major	
High school	ramono	odion or concer		" Tours	g.aaaato.	Major	
College							
Other							
GENERAL							
Subjects of sp	ecial study or re	esearch:					
Activities: (civi	c, athletic, etc.)	ations which indicate ra	ace, creed, sex, age, marit	al status.	color or national ori	gin.)	

List your last three employers beginning with the most recent one.

Dates			Wage		
Employed	Name/address of previous	Phone	upon	Position	Reason for
month/year)	employer	number	leaving	held	leaving
/hich of these	jobs did you like best?				
Vhat did you lil	ke most about this job?				
REFERENCES	:				
REFERENCES	:				
	of three persons not related to	you, whom yo	ou have kno	wn for at least	•
Give the name	of three persons not related to		ou have kno		Years
		you, whom yo	ou have kno	wn for at least Occupation	•
Give the name	of three persons not related to	Phone#			Years
Sive the name Name	of three persons not related to	Phone#		Occupation	Years Acquainted
Give the name Name	of three persons not related to	Phone#		Occupation	Years Acquainted
Sive the name Name	of three persons not related to	Phone#		Occupation	Years Acquainted
Name	of three persons not related to	Phone#		Occupation	Years Acquainted
Sive the name Name	of three persons not related to	Phone#		Occupation	Years Acquainted
Name	of three persons not related to City/State	Phone#		Occupation	Years Acquainted
Name	City/State City/State before signing below: formation submitted by me on this appropriate to the control of t	Phone#	nd complete an	Occupation d I understand if	Years Acquainted any false information,
Name Name Read carefully certify that the in	of three persons not related to City/State	Phone#	nd complete an ejected and if e	Occupation d I understand if imployed, my emi	Years Acquainted any false information, ployment terminated.
Name Name Read carefully certify that the in missions or misre	City/State City/State before signing below: formation submitted by me on this appropresentations are discovered, my applies	Phone#	nd complete an ejected and if e rules and regul	Occupation d I understand if imployed, my emations. I agree the	Years Acquainted any false information, ployment terminated.
Name Name Read carefully certify that the in missions or misre a consideration of ill and that my em s a condition of m	City/State City/State before signing below: formation submitted by me on this appresentations are discovered, my applimy employment, I agree to conform to	lication is true a ication may be rethe company's the by the company's the collection and	nd complete an ejected and if e rules and regul iny without liabil controlled subs	d I understand if imployed, my emations. I agree that the string. I understand. I understand.	Years Acquainted any false information, ployment terminated. nat I am employed-at-
Read carefully certify that the in missions or misre a consideration of ill and that my em s a condition of m ositive test for con understand that	City/State City/State City/State City/State Comation submitted by me on this applymentations are discovered, my applymy employment, I agree to conform to applyment may be terminated at anytimal employment, I agree to urine sample	Phone# lication is true a rication may be represented the company's represented by the company's result of the confection and represented for employing the	nd complete an ejected and if e rules and reguliny without liabicontrolled subsedically disquali	d I understand if imployed, my emations. I agree that lity for wages. Itance testing. I ut fy me from working IB Sound & Light	Years Acquainted any false information, ployment terminated. nat I am employed-at- understand a ng at HB Sound.
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Read carefully certify that the in missions or misre consideration of ill and that my em s a condition of m ositive test for con understand that erroristic activity	City/State City/State before signing below: formation submitted by me on this applipresentations are discovered, my applimy employment, I agree to conform to apployment may be terminated at anytimal to the conformation of a related natural acriminal background check is required.	lication is true a ication may be rethe company's the company's the collection and alysis test will mediated for employer will forfeit mediated.	nd complete an ejected and if e rules and regul iny without liabi controlled subs edically disquali ryment at the F ny employmen	d I understand if imployed, my emations. I agree that the lity for wages. I utility for wages. I utility me from working the Sound & Light.	Years Acquainted any false information, ployment terminated. nat I am employed-at- understand a ng at HB Sound.