



Application for Employment



General Information

Name		Position(s) Desired:	
Address		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Internship	
Address until	No.	Street	Salary Required:
	City	County/State Zip Code	
Mailing Address (if different from above)	No.	Street	Tel.
	City	County/State Zip Code	E-mail

Are you legally eligible to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you handle money, can we bond you? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>
When are you available to start work?	Do you have reliable transportation to/from work? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever been convicted of a felony? Yes No If yes, please explain and provide date, place of conviction and crime:

(a prior felony conviction does not automatically disqualify an applicant from potential employment with MonsterMedia, LLC)

Education

Post Secondary or other institutions attended. Begin with most recent.	Faculty, Department, Division, or School	Discipline or Program (Major)	Degree/Diploma/ Certificate	Date obtained or expected

Highlight skills relevant to the position(s) you are applying for.

References

List three business references not listed as a previous supervisor. Do not list relatives.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Work Experience

Position	Name of Organization	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other:	
City	State		Dates
Duties:			

Position	Name of Organization	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other:	
City	State		Dates
Duties:			

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City	State		Dates
Duties:			

Have you ever been suspended or discharged from a job for sexual harassment, violating safety rules and policies, assault or related offenses? (If you answer yes to any of these offenses, please describe) Yes No

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.

Date Signature