SOUNDS OF SARAH, INC.
Employment Application

APPLICANT INFORMATION

Full Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Position Applying For:

_____

Date Available to Start:

_____

Desired Salary Range: _____

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Have you ever been employed by Sounds of Sarah, Inc.? ☐ Yes ☐ No If yes, when

Do you have a valid driver's license? ☐ Yes ☐ No

State of Issue: _____

License Number: _____

(A copy of your valid driver's license must be submitted with this application.):

_____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain

EDUCATION

High School: _____ Year Completed: _____

College/University: _____ Year Completed: _____

Other/Certifications: _____ Year Completed: _____

EMPLOYMENT HISTORY

(List your most recent position first.)

Employer Name: _____

Job Title: _____

Address: _____

City/State/Zip: _____

Supervisor's Name/Title:

_____

Supervisor's Phone: _____

Dates Employed: _____

Starting Salary: _____

Ending Salary: _____

Responsibilities/Duties:

_____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

REFERENCES

(Provide three references who are not related to you.)

1. Name: _____ Relationship: _____

   Phone: _____ Email: _____

2. Name: _____ Relationship: _____

   Phone: _____ Email: _____

3. Name: _____ Relationship: _____

   Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

ADDITIONAL INFORMATION

List any skills, certifications, or experience relevant to this job:

_____

_____

_____

ACKNOWLEDGMENT & AUTHORIZATION

I certify that the information I have provided is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading statements or omissions may disqualify me from employment or may be grounds for termination if discovered later.

I understand that Sounds of Sarah, Inc. is funded through state and federal funding and may investigate my background, verify the information I have provided, and contact my references, prior employers, educational institutions, and other appropriate parties.

I understand that, if hired, I will be an at-will employee, meaning either I or the company may terminate employment at any time, with or without cause or notice.

Due to the nature of the work performed by Sounds of Sarah, occasional drug screening may be requested.

Applicant Signature: _____

Date: _____

Attachments (required):

☐ Copy of valid driver's license

☐ Resume (if available)