



# DRUM WORKSHOP, INC.

3450 Lunar Court, Oxnard, CA 93030

(805) 485-6999

## APPLICATION FOR EMPLOYMENT

**DRUM WORKSHOP, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED ON THE BASIS OF SKILLS, EXPERIENCE, AND QUALIFICATIONS WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, CITIZENSHIP, PHYSICAL AND MENTAL DISABILITY, VETERAN STATUS, MEDICAL CONDITION, GENETIC INFORMATION OR CHARACTERISTICS, GENDER AND GENDER IDENTITY, OR ANY OTHER LEGALLY PROTECTED STATUS.**

PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS. PRINT CLEARLY IN INK

Date of Application \_\_\_\_\_

|   |       |                 |          |     |
|---|-------|-----------------|----------|-----|
| NAME (LAST)   |       | (FIRST)         | (MIDDLE) |     |
| PRESENT ADDRESS   |       | CITY            | STATE    | ZIP |
| ** EMAIL ADDRESS (So we may contact you regarding this application)   |       |                 |          |     |
| ARE YOU 18 YEARS OR OLDER?  | PHONE | ALTERNATE PHONE |          |     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  | ( )   | ( )             |          |     |
| In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company, you will be asked to provide documentation that verifies your legal right to work in the United States. If you are unable to provide acceptable documentation, the Company cannot legally employ you. Can you provide such documentation? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |                 |          |     |

### DESIRED EMPLOYMENT

|  |  |                     |
|--|--|---------------------|
| POSITION   | DATE YOU CAN START   | SALARY/RATE DESIRED |
| ARE YOU EMPLOYED NOW?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                     |
| EVER APPLIED TO THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | WHERE?   | WHEN?               |
| EVER WORKED FOR THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | WHERE?   | WHEN?               |
| REASON FOR LEAVING   |  |                     |
| WHO REFERRED YOU TO THIS COMPANY?  |  |                     |
| Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation(s)?<br><input type="checkbox"/> YES <input type="checkbox"/> NO Please describe what type(s) of reasonable accommodation(s) is/are needed. _____ |  |                     |

### EDUCATION

|   |             |  |
|---|-------------|--|
| HIGH SCHOOL   | CITY, STATE | GRADUATED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| COLLEGE   | CITY, STATE | MAJOR / DEGREE<br>GRADUATED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| COLLEGE   | CITY, STATE | MAJOR / DEGREE<br>GRADUATED?   |
| List any courses in which you are now enrolled which relate to the position(s) for which you are applying. Indicate where enrolled. |             |  |

## EMPLOYMENT HISTORY

Account for all time up to the past **10 YEARS**. Include military service in the U.S. Armed Forces, voluntary services related to the position you are seeking, and every period of unemployment. If self-employed, give firm name, business activities undertaken by you, and one business reference that we may contact. **DO NOT EXCLUDE ANY EMPLOYMENT, NO MATTER HOW SHORT A PERIOD.** If you need more space, additional pages are available. As further explained below, *by signing this application, you permit the company to contact all of your previous employers.*

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PRESENT(or most recent)EMPLOYER (Name)</b> |  | If still employed, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Name under which you worked if different from that shown on front page</b>                      |  |
| ADDRESS                                       |  | REFERENCE PHONE NUMBER<br>(    )  |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HOURS WKLY           |  |
| JOB TITLE                                     |  | SUPERVISOR  |  | FROM (Month/Year)    TO (Month/Year)   |  |
| DESCRIPTION OF DUTIES                         |  |   |  |  |  |
| REASON FOR LEAVING                            |  |   |  | ELIGIBLE FOR REHIRE? (FOR COMPANY USE)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                 |  |                                  |  |  |  |
|---------------------------------|--|----------------------------------|--|--|--|
| <b>PREVIOUS EMPLOYER (NAME)</b> |  |                                  |  |  |  |
| ADDRESS                         |  | REFERENCE PHONE NUMBER<br>(    ) |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HOURS WKLY           |  |
| JOB TITLE                       |  | SUPERVISOR                       |  | FROM (Month/Year)    TO (Month/Year)   |  |
| DESCRIPTION OF DUTIES           |  |                                  |  |  |  |
| REASON FOR LEAVING              |  |                                  |  | ELIGIBLE FOR REHIRE? (FOR COMPANY USE)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                 |  |                                  |  |  |  |
|---------------------------------|--|----------------------------------|--|--|--|
| <b>PREVIOUS EMPLOYER (NAME)</b> |  |                                  |  |  |  |
| ADDRESS                         |  | REFERENCE PHONE NUMBER<br>(    ) |  | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME    AVG. HOURS WKLY           |  |
| JOB TITLE                       |  | SUPERVISOR                       |  | FROM (Month/Year)    TO (Month/Year)   |  |
| DESCRIPTION OF DUTIES           |  |                                  |  |  |  |
| REASON FOR LEAVING              |  |                                  |  | ELIGIBLE FOR REHIRE? (FOR COMPANY USE)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**PLEASE READ CAREFULLY - APPLICANT'S AGREEMENT, CERTIFICATION AND NOTICE**

I hereby certify that the information contained in this application form, or any attachments including my resume, is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company, and/or its agents, unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company and/or its agents contacts, to provide the Company and/or its agents any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company and/or its agents, as well as from any use or disclosure of such information by the company or any of its agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I understand the Company may request me to submit to pre-employment/post-offer Physical Assessment Test (PAT) and drug and alcohol screening tests, and I hereby agree and consent to such examination and testing. I understand any offer of employment is contingent upon my successfully passing the examination and testing. I understand that employment is contingent upon my submitted documentary proof of identity and legal authorization to work in the United States as required.

I also understand that the Company may request me to voluntarily authorize the release of a consumer report and or background check after a conditional offer is made and that the Company will comply with all consumer Rights under the Fair Credit Reporting Act when obtaining and using this information.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its President & CEO has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President & CEO of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the President & CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

I further understand that if an employment relationship is established, the Company retains the absolute right to transfer, demote and administer employee discipline at any time, for any reason, and that nothing contained in the Company's personnel policies or procedures can be construed to the contrary.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO EACH AND ALL THE THESE STATEMENTS:**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant