



Application for Employment

Tandem Exhibits 1846 W. Sequoia Ave, Orange Ca 92868

Federal and State laws prohibit discrimination in employment because of sex, age, race, color, religion, creed, national origin, ancestry, citizenship, marital status, veteran status, physical or mental disability, sexual orientation, pregnancy, or medical condition (cancer).

NAME _____ Soc. Sec. No. _____
Last First Middle

ADDRESS _____ Phone () _____
Number Street City Zip

JOB FOR WHICH APPLYING _____ Day Shift Night Shift
First Choice Second Choice

Employment Record – Past Ten Years List most recent employer first

Employed From _____ To _____ Company Name _____
Mo / Yr Mo / Yr

Address _____ Supervisor _____

Phone () _____

Duties and Responsibilities _____

Position first held with company _____ Position last held with company _____

Starting salary _____ Salary at termination _____ Reason for leaving company _____

May we make inquiries of your present employer? Yes No

Employed From _____ To _____ Company Name _____
Mo / Yr Mo / Yr

Address _____ Supervisor _____

Phone () _____

Duties and Responsibilities _____

Position first held with company _____ Position last held with company _____

Starting salary _____ Salary at termination _____ Reason for leaving company _____

Employed From _____ To _____ Company Name _____
Mo / Yr Mo / Yr

Address _____ Supervisor _____

Phone () _____

Duties and Responsibilities _____

Position first held with company _____ Position last held with company _____

Starting salary _____ Salary at termination _____ Reason for leaving company _____

Are you at least 18 years of age? (yes) (no) (Proof of age may be required to comply with child labor laws.)

Do you have the legal right to work in the United States? (yes) (no)

If hired, proof of right to work in U.S. will be required.

Have you ever been convicted of a felony? (yes) (no) If "yes", please state when, where, and disposition of case

(Note: Conviction record will not necessarily bar employment opportunity)

Do you have any mental or physical handicap or disability which would limit your ability to perform the duties of the position applied for: (yes) (no) If yes, explain: _____

If yes, are there any accommodations that could be made to assist you? _____

Have you served in the U.S. military? (yes) (no)

If military service provided you with job related experience, explain:

What did you like best about your previous job? _____

What are your strongest skills and abilities? _____

Education (Schooling)

High school name and location: _____

College or university name and location: _____

Technical, business or trade school name and location: _____

Awards, degrees, certificates, diplomas: _____

State Skills, Aptitudes, Machines, Operations, Processes, Equipment relating to your work in which you are qualified:

Applicant's Statement

I certify that the information contained in this application is accurate to the best of my knowledge. I understand that if employed, misrepresentations or deliberate omissions of fact will be cause for termination of employment. I authorize current or prior employers, schools or persons listed in this application to give this company or its agents any and all information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing the same to this company or its agents.

If employed, I agree my employment is at will and can be terminated, for any reason or no reason at all, at any time with or without notice, at the option of either the company or myself. I understand that no manager or supervisor other than the President of the company has any authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing.

I also understand that all offers of employment are conditioned on my providing satisfactory y proof of my identity and legal authority to work in the United States as required by the Immigration Reform Act and Control Act.

I understand that Presentation Media Incorporated is an alcohol-and-drug-free worksite.

Date

Applicant's Signature