

# DRUM WORKSHOP, INC.

3450 Lunar Court, Oxnard, CA 93030

(805) 485-6999

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE

AN EQUAL OPPORTUNITY  
EMPLOYER

**GENERAL INFORMATION** - PLEASE READ CAREFULLY, ANSWER ALL QUESTIONS. PRINT CLEARLY IN INK

NAME (LAST)		(FIRST)	(MIDDLE)	
PRESENT ADDRESS		CITY	STATE	ZIP
PREVIOUS ADDRESS		CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE ( )		WORK PHONE ( )	
SOCIAL SECURITY NO.		DRIVER'S LICENSE / IDENTIFICATION NO.		STATE
Can you, if offered employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <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)? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe what type(s) of reasonable accommodation(s) is/are needed. _____		

### SKILLS AND TRAINING

PLEASE SPECIFY NUMBER OF MONTHS/YEARS OF EXPERIENCE AND/OR SPEED:		
10 KEY (touch) <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPING (Speed) _____	Date last tested _____
WORD PROCESSING (Speed) _____	Date last tested _____	Software Used _____
EXPERIENCED ON A COMPUTER SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE: _____		
_____		

### MILITARY INFORMATION

WERE YOU EVER IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT BRANCH?
ENLISTMENT DATE	DISCHARGE DATE

**PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATIONS**

TYPE	NUMBER	STATE ISSUED	DATE ISSUED EXPIRES ON
TYPE	NUMBER	STATE ISSUED	DATE ISSUED EXPIRES ON
Has your professional license ever been revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO    If "yes", when and why?			

**EDUCATION**

HIGH SCHOOL	CITY, STATE	GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE	CITY, STATE	MAJOR / DEGREE    GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE	CITY, STATE	MAJOR / DEGREE    GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER EDUCATION, SPECIAL COURSES OR ACADEMIC HONORS		
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</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		PHONE NO. (   )	<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		STARTING SALARY \$	FINAL SALARY \$	
REASON FOR LEAVING				

<b>PREVIOUS EMPLOYER</b>		<b>Name under which you worked if different from that shown on front page</b>		
ADDRESS		PHONE NO. (   )	<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		STARTING SALARY \$	FINAL SALARY \$	
REASON FOR LEAVING				

<b>PREVIOUS EMPLOYER</b>		<b>Name under which you worked if different from that shown on front page</b>		
ADDRESS		PHONE NO. (   )	<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		STARTING SALARY \$	FINAL SALARY \$	
REASON FOR LEAVING				

<b>PREVIOUS EMPLOYER</b>		<b>Name under which you worked if different from that shown on front page</b>	
ADDRESS	PHONE NO. ( )	<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		STARTING SALARY \$	FINAL SALARY \$
REASON FOR LEAVING			

<b>PREVIOUS EMPLOYER</b>		<b>Name under which you worked if different from that shown on front page</b>	
ADDRESS	PHONE NO. ( )	<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		STARTING SALARY \$	FINAL SALARY \$
REASON FOR LEAVING			

**PLEASE ANSWER THE FOLLOWING ACCURATELY. WE CONDUCT COMPLETE BACKGROUND CHECKS ON ALL CANDIDATES.**

Have you ever been convicted of a felony or a misdemeanor?  Yes  No If Yes, please explain when you were convicted, where you were convicted, of what you were convicted, and include full name under which you were convicted. (A felony or misdemeanor conviction will not necessarily disqualify any applicant from employment.)

Are you presently out on bail or on recognizance pending trial for the alleged commission of any crime?  Yes  No If Yes, please explain. (An affirmative answer will not necessarily disqualify any applicant from employment.)

**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 medical examination 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 from American Labor Resources, Inc. 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, 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 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 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.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant