

RECORD ARCHIVE EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name (Last)	First	Middle	Date
			/ /
Home Address	City	State	Zip
Home Telephone	Cellular Phone	Business Phone	May we contact you at work?
()	()	()	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email	Social Security #		
Emergency Contact:			

EDUCATION

Type of School	Name and location	Degree / Area of Study	Number of years attended	Graduated (Check One)
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College				Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

HOURS AND AVAILABILITY

Are you applying for:	Full time <input type="checkbox"/>	P / T <input type="checkbox"/>	Temp <input type="checkbox"/>	Summer <input type="checkbox"/>				
Are you 18 years or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(no one under the age of 16 may apply)					
Days and hours available:								
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	How many hours per week?
From								
To								
Start date?	What restrictions do you have for scheduling purposes?							

LEGAL

Are you legally authorized to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<small>Identity and employment eligibility of all new hires will be verified as required by the immigration Reform and Controls Acts of 1986</small>		
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please explain:		

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EMPLOYMENT HISTORY / REFERENCES

Dates	Name and Phone # of Employer	Position Held	List Major Duties	Reason for Leaving
From mo. / yr.		Your job title		
To mo. / yr.		Supervisor Name		
From mo. / yr.		Your job title		
To mo. / yr.		Supervisor Name		
From mo. / yr.		Your job title		
To mo. / yr.		Supervisor Name		

Please provide three references: (do no list relatives)

Name	Phone Number	Relationship	Years Known
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JOB INFORMATION

Circle your areas of interest:

Counter sales Bar / Events Boutique Ordering / Receiving Loss prevention Vinyl

Other / specify

Why do you want to work in a music store?

How would you describe a good music store and a good music clerk?

List in descending order your five strongest areas of musical expertise.

Describe any skills or experience you have which you feel would be useful at Record Archive.

Please circle the categories in which you have an awareness of the musical style, including knowledge of the major artists within the category, and a sense of history of that genre.

ROCK, R&B, JAZZ, BLUES, RAP/HIP HOP, SOUNDTRACKS, DANCE MUSIC, CLASSICAL, REGGAE, AMERICANA, GOSPEL

How were you referred to us?

Briefly list your hobbies, interests and leisure pursuits outside of music.

All information I have provided is true and correct to the best of my knowledge. Any omissions or misrepresentations may result in my dismissal

Signature: