

Personal Data

Name (last, first, middle) _____ Date _____

Social Security Number _____ California Drivers Licence# _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Message Phone () _____

If employed, can you provide proof of U.S. Citizenship Yes No N/A

Are you 18 or over? Yes No Referred By _____

Position(s) applying for _____

Describe the qualifications you have that will benefit Skip's Music _____

With what instruments are you knowledgeable? _____

Names of friends or relatives that are employed by this company. _____

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what can be done to accomodate your limitation? _____

Education Record

High School _____

Address _____ Dates attended _____

Degrees or diplomas _____

College/University _____

Address _____ Dates attended _____

Degrees or diplomas _____

Military Service

Branch of service _____ Dates of service _____

Duties/Special Training _____

Employment History

1. Employer	Dates of employment		
Address			
City	State	Zip code	
Phone	Beginning Salary	Ending Salary	
Titles/duties			
Manager's Name	Reason for leaving		
2. Employer	Dates of employment		
Address			
City	State	Zip code	
Phone	Beginning Salary	Ending Salary	
Titles/duties			
Manager's Name	Reason for leaving		
3. Employer	Dates of employment		
Address			
City	State	Zip code	
Phone	Beginning Salary	Ending Salary	
Titles/duties			
Manager's Name	Reason for leaving		

Personal Data

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment. Yes No

Explain.

References

1. Reference	Work Phone	Home Phone	
Address	City	State	Zip code
Relationship			
2. Reference	Work Phone	Home Phone	
Address	City	State	Zip code
Relationship			
3. Reference	Work Phone	Home Phone	
Address	City	State	Zip code
Relationship			

Applicant Signature X _____

I hereby authorize Skip's Music and or it's agents to make an independent investigation of my background, references, character, past employment and/or other records deemed necessary to include consumer credit history and/or criminal/civil history including those which may be maintained by retail protective and security associations because of my employment with an employer. I further agree that the failure to reveal any prior employment or the giving of any false or misleading information on this application will be grounds for termination of my employment.

SKIP'S MUSIC

BACKGROUND INVESTIGATION CONSENT

AUTHORIZATION TO RELEASE ANY INFORMATION CONCERNING ME BY CRIMINAL RECORD AGENCIES, GOVERNMENT AGENCIES, PRIVATE CONSUMER REPORTING AGENCIES, CREDIT BUREAUS, SOCIAL SECURITY, AS WELL AS PREVIOUS EMPLOYERS AND/OR EDUCATIONAL INSTITUTIONS

For and pursuant to my being considered for employment, I hereby authorize Skip's Music to make inquiries to SPA (Stores Protection Association), a consumer reporting agency, and every such agency or institution noted above, concerning my employment suitability and qualifications. Further, I authorize SPA and every such agency or institution to disseminate report(s) to Skip's Music. During any period(s) while I may be employed by Skip's Music, I hereby authorize Skip's Music to make inquiries as Skip's Music may, from time to time, deem necessary for employment purposes. I also hereby authorize SPA and every such agency to issue report(s) in response to Skip's Music's additional inquiries. I waive any further notice with respect to Skip's Music's inquiries and the dissemination of information by SPA and every such agency above. I hereby generally release and fully discharge SPA and every such agency from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Skip's Music by SPA or every such agency above. I have been informed and understand that I may obtain a copy of any such report and that I may dispute the accuracy or completeness of the information reported to Skip's Music by writing to the SPA at: **SPA, P.O. Box 370, Simi Valley Ca 93062**

Last	First	Middle
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Any other name used

Social Security	Driver Licence	D.O.B
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Street	City	State	Zip
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Previous Address(es) - Last 5 years:

Street	City	State	Zip
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Street	City	State	Zip
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You are required to complete the following:

Yes No Please send me a copy of any credit report information furnished by a consumer credit reporting agency.

Signed: _____ Date: _____

EMPLOYER - PLEASE PRINT

INTERVIEWER: _____ LOCATION: _____ PHONE: _____

EMPLOYER'S CERTIFICATION. Skip's Music hereby certifies to SPA that it is requesting a consumer credit report(s) on the applicant named above and that Skip's Music will use the report(s) only for employment purposes.