## John's Awesome Music Store, Inc. dba JAMS Music

7282 San Ramon Road Dublin, CA 94568 925-828-5267 main info@jamsmusicdublin.com www.jamsmusicdublin.com

Position(s) Applied for

Print Name (Last, First, & Middle)



## APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions at JAMS Music without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

**Date of Application** 

Street Address		City	State Zip Code			
Main Phone Number	Alternate Phone Number	Email	Email			
EMPLOYMENT EXPERIENCE Please list the names of your pr listed first. Be sure to account for additional page if necessary.						
Name of Employer		Supervisor	May w	May we contact?		
			☐ Yes ☐ No			
Street Address						
Phone Number		ates Employed (Month/Year)				
	From	То				
Job Title and Duties F		Reason for Leaving				

Name of Employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates Employed (Month/Year)		
	From	То	
Job Title and Duties	Reason for Leaving		
Name of Employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street Address			
Phone Number	Dates Employed (Month/Yea	r)	
	From	То	
Job Title and Duties	Reason for Leaving		
Have you ever been involuntarily terminated or asked to res	ign from any job?	□ Yes □ No	
ii yes, piease expiairi			
Please explain any gaps in your employment history:			
. reade explain any gaps in your employment instally.			

Please list any	other experience, job	related skills, addit	ional language	s, or other	qualifications t	hat you believe should		
e considered	in evaluating your qua	alifications for emp	oyment.					
·5.1.6.1.7.6.1.								
<b>DUCATION</b> Please describe	e your educational ba	ckground in the tab	le provided be	low.				
	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area o	f Study/Major	Specialized Training, Skills, or Extra- Curricular Activities		
High School								
College/ University								
Graduate/ Professional School								
Trade School								
Other								
	ROFESSIONAL REFERENCE		tho are <b>not</b> rel	ated to vo				
Please list three professional references  Name and Title		Relationship				Phone Number or Email		
Personal Refer	RENCES ee people who know y	ou well.						
Name and Title			Relationship and Years Acquainted		Phone Number or Email			

GENERA	AL INFORMATION						
1.	Have you ever used another name? □ Yes □ No						□ Yes □ No
2.	Is any additional information relative to name changes, use of an assumed name, or nickname necessary						me necessary to
	enable a chec	ck on your work	and educationa	ıl record?			□ Yes □ No
	a. If yes	to either of the	above, please	explain:			
	-						
3.	Have you eve	r worked for thi	s company befo	ore?			□ Yes □ No
	a. If yes	, please give dat	es and position	:			
4.	Do you have	friends and/or re	elatives working	g for this compa	ıny?		□ Yes □ No
		, name(s) and re					
5.		are you availab					
6.	Days/Hours a	vailable to work	<b></b>				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
l 7.	Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary						
8.							
9.							
10	D. Can you relocate if the position requires it? □ Yes □ No						
	1. Are you at least 18 years old?						
11	•	: If under 18, hir					163 🗀 140
12		•	•		•	0 0	□Vos□No
	•	ou present evid	•		_	•	
13	-	to perform the	-	-	•		
		ccommodation?					
	a. Note:	: We comply wit	n the ADA and	consider reason	iable accommod	aation measure	s that may be

 $necessary\ for\ qualified\ applicants/employees\ to\ perform\ essential\ job\ functions.$ 

## **APPLICANT STATEMENT AND AGREEMENT** Please read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

**Legal Disclaimer:** This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE

Name (print): \_\_\_\_\_\_ Date:

**ABOVE TERMS.**