



**North American Office
Acoustiblok, Inc.**
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www.acoustiblok.com
sales@acoustiblok.com



DATE _____ EMAIL _____

NAME _____
Last First Middle

PRESENT ADDRESS: _____
Street Address

Tampa _____ TELEPHONE # _____
City State Zip

HOW LONG AT THIS ADDRESS? _____ PREVIOUS ADDRESS: _____

HOW LONG AT PREVIOUS ADDRESS? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U. S.? _____

WHO REFERRED YOU TO US? _____ DRIVERS LICENSE # _____

HOW LONG IN TAMPA AREA? _____

POSITION APPLIED FOR? _____ RATE OF PAY EXPECTED \$ _____ PER HR
(Rate of pay must be filled in even if just an estimate.)

AVAILABLE FULL TIME _____ PART-TIME _____ SPECIFY DAYS & HOURS _____

WERE YOU PREVIOUSLY EMPLOYED BY US? _____ IF YES, WHEN? _____

DO YOU HAVE SPECIFIC SKILLS, QUALIFICATIONS, OR WORK RELATED EXPERIENCE THAT YOU FEEL WOULD PROVE HELPFUL TO YOU DURING THE COURSE OF YOUR EMPLOYMENT WITH OUR FIRM? _____

COMPUTER SKILLS: _____

HAVE YOU EVER BEEN ASKED TO LEAVE A POSITION? _____ IF YES, EXPLAIN _____

HAVE YOUR EVER BEEN CONVICTED OF A FELONY? _____ REASON? _____

ARE YOU WILLING TO TAKE A PSYCHOLOGICAL PROFILE TEST BEFORE/DURING EMPLOYMENT? _____

DO YOU SMOKE? _____

PREVIOUSLY OR CURRENTLY INVOLVED IN THE SOUND INDUSTRY? _____

PLEASE EXPLAIN: _____

ANY TRADE OR VOCATIONAL SCHOOLS? EXPLAIN: _____

ARE YOU AWARE THAT A DRUG TEST MAY BE REQUIRED BEFORE AND DURING EMPLOYMENT AND ARE YOU WILLING TO TAKE ONE AT THIS TIME: YES _____ NO _____

HAVE YOU EVER FILED A LAWSUIT AGAINST YOUR EMPLOYER? _____ IF YES, EXPLAIN _____

MILITARY HISTORY: WERE YOU IN THE U. S. ARMED FORCES? _____ IF YES, WHAT BRANCH? _____
DATES OF DUTY: FROM M/Y _____ TO M/Y _____ **RANK AT DISCHARGE:** _____
LIST DUTIES AND TRAINING IN THE SERVICE, INCLUDING SPECIAL TRAINING: _____

SCHOOL HISTORY

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	DATE OF GRADUATION	DEGREE EARNED
HIGH SCHOOL				High School Diploma
COLLEGE				
TRADE, TECHNICAL or OTHER				

WORK HISTORY

NAME & ADDRESS OF COMPANY	PHONE #	FROM MO/YR	TO MO/YR	WEEKLY START SALARY	WEEKLY ENDING SALARY	REASON FOR LEAVING
	Job Duties					
	Supervisor, Phone Number or Extension					
NAME & ADDRESS OF COMPANY	PHONE #	FROM MO/YR	TO MO/YR	WEEKLY START SALARY	WEEKLY ENDING SALARY	REASON FOR LEAVING
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	Job Duties					
	Supervisor, Phone Number or Extension					

May we contact the employers listed above? YES _____ NO _____ If NO, indicate which one(s) you **DO NOT** wish us to contact.

PERSONAL REFERENCES (3)

Name and Occupation	Address	Phone Number
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NOTE: By signing this application, I hereby authorize Acoustiblok, Inc., to do a criminal background check and/or credit checks before employment and during employment. I also agree to a drug test before and during employment. I understand that if hired the first 90 days of employment will be a probation period.

I hereby testify that all of the information listed on this application is correct and has been answered truthfully. In addition, I understand that any misrepresentation of any kind will be considered grounds for immediate termination without any employee recourse. If signing this document by electronic means, I attest that it is legally binding just as if I signed in ink.

Applicant Signature

Date: _____

Witness Signature

Date: _____