



Communications, Inc.

"Enhancing the Quality of Life"

Employment Application



Medley Communications, Inc.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

County Years

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____



Medley Communications, Inc.

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____



Medley Communications, Inc.

Disclaimer and Signature

I acknowledge that the information that I have supplied is correct to the best of my knowledge and understand that any misrepresentation or omissions of fact during the hiring process may be grounds for rejection of my application or termination.

I freely and voluntarily agree to submit to a drug and/or alcohol test, when and where applicable, and may be allowed by state or federal law as part of my application for employment and that any offer of employment is conditional upon passing said pre-employment testing. An applicant testing positive for drugs during a pre-employment drug test will not be eligible to work for Medley Communications, Inc. and may not re-test for a period of one year. I understand that as an applicant as well as an employee (should I be hired), that I may be required to submit to said drug and/or alcohol testing as may be permitted under state or federal law. I further understand that refusal to submit to said drug and/or alcohol testing as are permitted by law, or the positive testing for prohibited drugs or alcohol in accordance with standards established by either state or federal law, may result in disciplinary action, including immediate suspension or termination of employment.

If employed, I agree to conform to the rules and regulation of Medley Communications. Under the Fair Labor Standards Act, I understand that any tips I may earn must be reported to Medley Communications and that if I should fail to report these amounts, I will be subject to disciplinary action up to and including termination. I also agree that, if hired, I have the right to resign my employment at any time, with or without cause and that my employment may be terminated with or without cause and with or without notice, at any time at the option of either myself or Medley Communications. I understand that no manager or representative of Medley Communications, other than the President of Medley Communications, has any authority to enter into any agreement for employment for any specified period of time or make any agreement or contract related to the foregoing either now, in the past, or in the future. I understand that even an agreement by the president must be in writing and signed by him/her for it to be binding on either myself or Medley Communications. I further understand that this acknowledgment supersedes any prior oral or written understanding.

I have read in full and understand the above and agree that a reproduced copy of this affirmation will be valid as original. I acknowledge and agree that if at any time I subjected to any type of discrimination and/or harassment, I will contact my supervisor and/or Medley Communications immediately to obtain assistance in the resolution of such matters.

Signature: _____ Date: _____