

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

DIVISIONS APPLYING FOR:	
<input type="checkbox"/> Entertainment <input type="checkbox"/> Production <input type="checkbox"/> Audio/Visual <input type="checkbox"/> Media <input type="checkbox"/> All	
MAILING ADDRESS:	133-31 39 th Avenue C18, Flushing NY 11354 Phone: 718.939.9335 Fax: 718.321.3853

EMPLOYMENT INFORMATION

General Information: Please complete all requested information. Use ink and print.

Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO			Date of birth:			Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																			
Name (Last)		(First)		(Middle)		Minimum Salary Desired:			Date Available For Work																
Social Security Number						I am interested in: <input type="checkbox"/> Full-time 30 - 40 hrs. per week			<input type="checkbox"/> Part-time 0-29 hrs. per week			<input type="checkbox"/> Internship 0-20 hrs. per week			<input type="checkbox"/> Seasonal Holiday/Summer										
Street Address						Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you at least 16 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO			If you are under 18, you may be required to provide a work permit prior to working.													
City			State			Zip			Please indicate the hours you are available to work during both day and evening (i.e., 2-4 p.m., 6-10 p.m.)																
Telephone (Home)						Telephone (Work)						S		M		T		W		Th		F		S	
If you have worked for our company before? State where, when, final position, and reason for leaving.						Do you have any relatives now employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, identify by name(s), position and location:													
Have you ever applied to our company before? If yes, where?																									

Employer					Starting Position					Starting Salary										
Street		Address			City		State		Zip		Most Recent Position					Most Recent Salary				
Phone					Supervisor					Name/Title					Duties					
Reason For Leaving:										Dates of Employment										
Start: Month					Year					End: Month					Year					

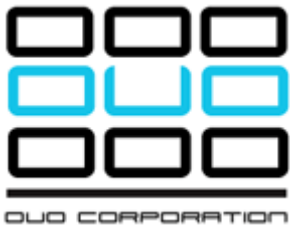
Employer					Starting Position					Starting Salary										
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Start: Month					Year					End: Month					Year					

Employer					Starting Position					Starting Salary										
Street		Address			City		State		Zip		Most Recent Position					Most Recent Salary				
Phone					Supervisor					Name/Title					Duties					
Reason For Leaving:										Dates of Employment										
Start: Month					Year					End: Month					Year					

May we contact your current employer? YES | NO

References: Individuals not related to you. Business references preferred.

Reference					Reference																
Street		Address			City		State		Zip		Street		Address			City		State		Zip	
Phone					Job Title					Phone					Job Title						
How Acquainted and For How Long										How Acquainted and For How Long											



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POSITION DESIRED – Check all that apply			
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Vocalist	<input type="checkbox"/> Performer	<input type="checkbox"/> Secretary
<input type="checkbox"/> Emcee	<input type="checkbox"/> Instrumentalist	<input type="checkbox"/> Installer	<input type="checkbox"/> Trainee*
<input type="checkbox"/> Dancer/Motivator	<input type="checkbox"/> Model	<input type="checkbox"/> Salesperson	<input type="checkbox"/> Other _____

Education & Training: Please include name, street, city, state and zip code for each school.

School	Address (include city & state)	Number of Years Completed	Degree	Type of Course/Major
College				
High School				
Additional Training				

Foreign languages? _____ Spoken Fluently? _____

For office positions, indicate the job skills which you have performed: Typing _____ WPM 10-key | By Touch | By Sight (Check One)

Additional Employment History Inquiries

Have you ever been dismissed or forced to resign from any employment?
 If yes, please explain: _____

Have you been convicted of a felony crime or theft-related misdemeanor within the last 7 years?
 If yes, state details: Convictions will not necessarily disqualify applicant; each case is considered individually. _____

Permission to Work

Are you legally authorized to work in the United States? YES | NO

Will you now or in the future require sponsorship for employment visa status (e.g., H1-B status)? YES | NO | N/A

Referral Source

Walk-in Applicant Newspaper Ad Employee Referral (Name) _____

Community Organization (Name) _____ School/College _____

Website (Name) _____ Other (Please List) _____

Additional Questions

Why are you interested in working for our company?

What strengths would you bring to our company?

What are your expectations here at OUO Corporation?

Applicant's Statement

If I am employed, I agree to abide by the rules and regulations of the Company. I understand that my employment is at-will. This means that I do not have a contract of employment for any particular duration or limiting the grounds for my termination in any way. I am free to resign at any time. Similarly, OUO Corporation is free to terminate my employment at any time for any reason. I understand that while personnel policies, programs and procedures may exist and be changed from time to time, the only time my at-will status could be changed is if I were to enter into an express written contract with OUO Corporation explicitly promising me job security, containing the words "this is an express contract of employment" and signed by an officer of OUO Corporation. The above language contains our entire agreement about my at-will status and supercedes any past, future, or oral side agreements.

All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, any false statement or omission could result in immediate dismissal. I understand that OUO Corporation may share the information contained in this application with other OUO Corporation employees for employment and administrative purposes and hereby consent to such transfer. I further authorize you to contact all of my previous employers or references for full information regarding my employment history.

Signature: _____ Date: _____

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.