



404 S Jefferson
P.O. Box 1149
Kearney, MO 64060
816-628-5492
Fax 816-903-5492

Applicant Information

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

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Home Phone: _____ E-mail Address: _____

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

Position Applied For: _____

Are you authorized to work in the U.S.? Yes No

How did you learn about this employment opportunity at Summit Media Solutions? Check all that apply:

- Ad in newspaper Ad in magazine Dept. of Labor
- Job Bulletin (Posting) Walk-in Website
- Referral by employee: _____ Other: _____

Have you or any relative ever been employed by Summit Media Solutions? Yes No
 If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

If required for this position, do you have a valid drivers license? Yes No

If Yes, State of issuance, license # and expiration date: _____

If hired, are you willing to submit to and pass a controlled substance test? Yes No

If hired, can/will you be able to effectively perform the duties required for this position? Yes No

If no, describe or demonstrate how, with or without reasonable accomodations, you will perform all job related functions.

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: _____



Skills

Please list technical skills, clerical skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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| |

References

Please list three professional references

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ E-mail: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ E-mail: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____ E-mail: _____

Previous Employment WORK EXPERIENCE -

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume."
PLEASE NOTE: Summit Media Solutions Inc. Reserves the right to contact all current and former employers for reference information.

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 E-mail: _____



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 E-mail: _____

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 E-mail: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Summit Media Solutions to investigate all statements contained herein and the references and employers listed above to give Summit Media Solutions any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I also understand and agree that no representative of Summit Media Solutions has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

I understand that staff employees of Summit Media Solutions serve at-will, and the employment relationship may be terminated at any time by either party for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company policies, standards, and regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

I understand that the first SIX MONTHS of regular employment represents a provisional period, during which time I may be terminated without any right of appeal.

Signature: _____