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# Maximum Media

## EMPLOYMENT APPLICATION

Maximum Media is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.



## EMPLOYMENT HISTORY

List all jobs for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

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Duties & Responsibilities			

## GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? (A yes response does not automatically disqualify your application.)

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Maximum Media, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Maximum Media to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Maximum Media and will hold them and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Maximum Media to obtain any credit, driver's license history, criminal background and consumer check. **I further consent to a physical examination and drug test on a post-offer pre-employment basis.**

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Maximum Media is intended to create an employment contract between myself and Maximum Media under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Maximum Media at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

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Signature

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Date

**Maximum Media, Inc.**  
**PO Box 776**  
**Columbia, MO 65205-0776**  
**573.875.8955**

Addendum to Employment Application

Consent Release for a Criminal Background Check

I hereby certify the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on the application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matter in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. You are hereby authorized to make investigation of any criminal background through any investigative bureau of your choice.

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_