



EMPLOYMENT APPLICATION

NAME: _____

POSITION: _____

CONTACT #: _____

Icon Media Direct
5910 Lemona Avenue
Van Nuys, CA 91411
(818) 995-6400 - Telephone
(818) 990-6097 - Facsimile

Icon Media Direct is an Equal Opportunity Employer

IMPORTANT: PLEASE PRINT, AND ANSWER ALL QUESTIONS. THANK YOU!

PERSONAL INFORMATION

LAST NAME			FIRST NAME	MIDDLE NAME	DATE
CURRENT MAILING ADDRESS (STREET, CITY, STATE, AND ZIP CODE)					HOME PHONE NUMBER
PERMANENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE) IF DIFFERENT THAN ABOVE					DAYTIME PHONE NUMBER
OTHER NAMES UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL					ALTERNATE/CELL PHONE NUMBER
ARE YOU A CITIZEN OR LAWFULLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO					EMAIL ADDRESS
FOR WHAT POSITION ARE YOU APPLYING?					DATE AVAILABLE
ARE YOU INTERESTED IN: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERN <input type="checkbox"/> FREELANCE					ARE YOU WILLING TO WORK NIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU WILLING TO TRAVEL IF REQUIRED BY THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT % OF TIME:					ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST EQUIPMENT YOU ARE FAMILIAR WITH:					
LIST SOFTWARE YOU ARE MOST FAMILIAR WITH:					
HAVE YOU EVER BEEN EMPLOYED BY ICON MEDIA DIRECT ? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT WAS YOUR POSITION?					
HOW DID YOU HEAR ABOUT US?					SALARY EXPECTED <input type="checkbox"/> HOURLY \$ <input type="checkbox"/> SALARY
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE AND EXPLAIN. OMIT MINOR TRAFFIC VIOLATIONS:					
DO YOU WISH TO BE IDENTIFIED AS A VIETNAM WAR VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO					

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EDUCATION

SCHOOL AND LOCATION	DATES	DID YOU GRADUATE	MAJOR OR DEGREE RECEIVED – YEARS COMPLETED – GPA
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST ANY CERTIFICATES EARNED OR IN PROGRESS, AND/OR ANY ADDITIONAL TRAINING PROGRAMS NOT INCLUDED IN YOUR FORMAL EDUCATION:
LIST ANY COMPUTER TRAINING COURSES YOU HAVE PARTICIPATED IN AND/OR THE EXTENT OF YOUR COMPUTER SKILLS:
LIST ANY PROFESSIONAL AFFILIATIONS TO WHICH YOU BELONG (PLEASE DO NOT LIST ACTIVITIES WHICH WOULD INDICATE AGE, SEX, COLOR, RACE, CREED, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, SEXUAL ORIENTATION, POLITICAL BELIEF, OR DISABILITY):

REFERENCES

FIRST AND LAST NAME	TITLE	COMPANY	PHONE NUMBER	RELATIONSHIP

IMPORTANT: PLEASE PRINT, AND ANSWER ALL QUESTIONS. THANKS YOU!

EMPLOYMENT RECORD

ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT OR MOST CURRENT EMPLOYER		JOB TITLE WHEN HIRED	CURRENT JOB TITLE
ADDRESS (STREET, CITY, STATE, AND ZIP)		JOB DESCRIPTION	
TELEPHONE NUMBER	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED FROM _____ TO _____	SALARY/HOURLY RATE START _____ END _____	REASON FOR LEAVING:	
EMPLOYER		JOB TITLE WHEN HIRED	JOB TITLE WHEN LEFT
ADDRESS (STREET, CITY, STATE, AND ZIP)		JOB DESCRIPTION	
TELEPHONE NUMBER	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED FROM _____ TO _____	SALARY/HOURLY RATE START _____ END _____	REASON FOR LEAVING:	
EMPLOYER		JOB TITLE WHEN HIRED	JOB TITLE WHEN LEFT
ADDRESS (STREET, CITY, STATE, AND ZIP)		JOB DESCRIPTION	
TELEPHONE NUMBER	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED FROM _____ TO _____	SALARY/HOURLY RATE START _____ END _____	REASON FOR LEAVING:	
EMPLOYER		JOB TITLE WHEN HIRED	JOB TITLE WHEN LEFT
ADDRESS (STREET, CITY, STATE, AND ZIP)		JOB DESCRIPTION	
TELEPHONE NUMBER	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED FROM _____ TO _____	SALARY/HOURLY RATE START _____ END _____	REASON FOR LEAVING:	
EMPLOYER		JOB TITLE WHEN HIRED	JOB TITLE WHEN LEFT
ADDRESS (STREET, CITY, STATE, AND ZIP)		JOB DESCRIPTION	
TELEPHONE NUMBER	SUPERVISOR'S NAME AND TITLE		
DATES EMPLOYED FROM _____ TO _____	SALARY/HOURLY RATE START _____ END _____	REASON FOR LEAVING:	

HAVE YOU EVER BEEN DISCHARGED BY AN EMPLOYER? YES NO IF YES, NAMES OF EMPLOYER AND REASON FOR DISCHARGE: _____

HAS A PREVIOUS/CURRENT EMPLOYER EVER SUSPENDED YOU WITH OR WITHOUT PAY? YES NO IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER RECEIVED A FORMAL WARNING FROM A PREVIOUS/CURRENT EMPLOYER? YES NO IF YES, PLEASE EXPLAIN: _____

ADDITIONAL COMMENTS: _____

**EMPLOYMENT APPLICATION CERTIFICATION
AND AT-WILL AGREEMENT**

Please read carefully and sign below:

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that giving false information or leaving out important details is grounds for termination at any time.

I understand and agree to the following:

1. My prior employers, schools and other references listed on this application are authorized to give Icon Media Direct ("the Company") any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage that may result from the company's reliance on the information furnished.
2. I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, within the time frame specified by the Company, which meet immigration laws.
3. If I fail to comply with numbers 1 and 2 above, I understand that an offer of employment will be withdrawn or my employment will be terminated.
4. This application for employment shall be considered active for a period of time not to exceed 45 days from the date I submit it to the Company. If I wish to be considered for employment thereafter, I must submit a new application.
5. In consideration of my employment, I agree to conform to the Company's policies, rules and regulations.
6. I further understand and agree that I will be required to sign a Non Disclosure Agreement as a condition of employment.
7. **In further consideration of my employment, I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or the Company's option. I further understand and agree that although other terms and conditions of my employment may change, this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies. This at-will employment status may not be modified by any oral or implied agreement. I understand that these statements about the at-will nature of my employment constitute a complete understanding between the Company and me regarding this subject.**

Signature

Date

Signature of a Company Representative

Date