

Carolina Sound Communications, Inc. Georgia Sound Communications, LLC Employment Application

Employment with Carolina Sound Communications, Inc. ("CSC") is equally available to everyone. ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL CONSIDERATION REGARDLESS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION, OR VETERAN STATUS. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.	Date of interview (Month/Day/Year) / /
Applicant Data	Position Applied for:
How were you referred to us:	

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile/Pager/Other: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? Yes No If no, please explain: _____

Have you ever worked for CSC? Yes No If yes, when? _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for authorization to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Within the past ten (10) years, have you ever pleaded guilty, no contest or been convicted of a crime? (Do not include

Information about arrests that did not lead to the guilty plea, no contest plea, or conviction). Yes No If yes, give

dates and details: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

THIS APPLICATION DOES NOT CREATE AN EMPLOYMENT RELATIONSHIP OR, IF EMPLOYED, ALTER ANY INDIVIDUAL'S AT-WILL EMPLOYMENT STATUS. IF EMPLOYED, EMPLOYEES ARE AT-WILL EMPLOYEES, WHICH MEANS EITHER THE COMPANY OR THE EMPLOYEE MAY TERMINATE EMPLOYMENT AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, WITH OR WITHOUT NOTICE.

Driver's license number (if applicable to position): _____ State: _____

Are you able to perform the essential functions of the job(s) for which you are applying? Yes No If no, describe the functions that cannot be performed (CSC complies with the Americans with Disabilities Act. Any offer of employment, if made, may be conditional upon a post-offer medical examination).

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

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May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Please read the below paragraphs carefully, initial each paragraph, and sign below.

_____ I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

_____ I agree that any claim or dispute relating to my service with CSC or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or dispute. I expressly waive any statute of limitations to the contrary.

_____ I agree to submit to binding arbitration all disputes and claims arising out of the submission of this application for employment. I further agree, in the event that I am hired by CSC that all claim(s) and dispute(s) that cannot be resolved by informal internal resolution which might arise out of my employment with CSC, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted in Charleston, South Carolina, under the rules of the American Arbitration Association. This application contains the entire agreement between the CSC and the undersigned applicant with regard to claim or dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ In the event I am employed by CSC, I understand that false or misleading information given in my application or interview(s) shall be grounds for immediate discharge.

Signature of Applicant: _____

Date: _____

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