



**COMPUTER PROJECTION RENTALS, INC.**  
**DBA CPR MultiMedia Solutions**  
An Equal Opportunity Employer

*Computer Projection Rentals, Inc. does not discriminate against any employee or applicant for employment on the basis of race, color, national origin, religion, gender, age, disability or other protected class in accordance with applicable law.*

**APPLICATION FOR EMPLOYMENT**

**Date:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number(s): cell: \_\_\_\_\_ home: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position(s) Applying For:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal/ Freelance \_\_\_\_\_

Are You At Least 18 Years of Age? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you are under 18, you may need to supply the company with a work permit or limit your hours to those permitted by law.)

Are you available for (please check all applicable responses):

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Seasonal/ Freelance \_\_\_\_\_

Specify Days and Hours For Which You Are Available:

\_\_\_\_\_

Date You Can Start: \_\_\_\_\_



Name: \_\_\_\_\_

o Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are offered and accept a position, you will be required, in accordance with United States law, to provide proof of authority to work in the United States and to complete Employment Eligibility Verification USCIS Form I-9. Employment will be contingent on providing such proof.

o Have you ever been convicted of or plead guilty to a criminal offense that has not been expunged from your record? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the nature of the offense, the date (s) of the offense and the date (s) of final disposition and the sentence imposed (A conviction does not necessarily mean you will not be considered or cannot be employed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o Are you Currently Employed? \_\_\_\_\_

If So, May We Contact Your Present Employer? Yes \_\_\_ No \_\_\_

**EMPLOYMENT HISTORY:**

(You may attach current resume in lieu of completing this section.)

Start With Your Current or Most Recent Employment.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_



Name: \_\_\_\_\_

3. Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

5. Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Salary: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

(If you need additional space, please continue on a separate sheet of paper.)

o Have you worked under a different name for any of these employers?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify the employer and state the name worked under:  
 \_\_\_\_\_

**EDUCATION:**

1. Post-Graduate:

School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_  
 Course of Study: \_\_\_\_\_



Name: \_\_\_\_\_

2. College:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

3. High School:

School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

o Relevant Experience, Education and Skills. Please list or describe any experience, education and/or skills that you believe are relevant to the position (s) applied for and would like to have considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need additional space, please continue on a separate sheet of paper.)

**REFERENCES:**

Give The Names of Three Persons Not Related To You Whom You Have Known At Least One Year. (Employment-related contacts are preferred.)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Years Known: \_\_\_\_\_

How Known: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Years Known: \_\_\_\_\_

How Known: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Years Known: \_\_\_\_\_

How Known: \_\_\_\_\_



Name: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

**NOTIFICATION TO JOB APPLICANTS OF DRUG AND ALCOHOL TESTING**

It is the policy of Computer Projection Rentals, Inc. (the "Company") to maintain a safe, healthy and productive work environment for all its employees, to provide outstanding service to its customers, and to maintain the integrity and security of its facilities and property.

To help achieve these goals, the Company requires that every employee be free of alcohol and drug abuse. An offer of employment may be conditioned on the applicant taking and passing a test for the presence of controlled or illegal substances and/or alcohol.

**AUTHORIZATION TO INVESTIGATE STATEMENTS; FALSE STATEMENTS**

I authorize the Company to investigate all statements in this Application for Employment and to secure any necessary information from all employers, references, and academic institutions. I HEREBY RELEASE ALL OF THOSE EMPLOYERS, REFERENCES, ACADEMIC INSTITUTIONS, AND THE COMPANY FROM ANY AND ALL LIABILITY ARISING FROM THEIR GIVING OR RECEIVING INFORMATION ABOUT MY EMPLOYMENT, ACADEMIC CREDENTIALS, QUALIFICATIONS AND/ OR SUITABILITY FOR EMPLOYMENT WITH THE COMPANY. I understand that any offer of employment is contingent upon a satisfactory evaluation of my employment history and references.

I hereby certify that all information provided in this Application for Employment is true and correct. I understand that any false or misleading statements contained in this Application for Employment or otherwise made by me to the Company will be sufficient cause for rejection of my application if the Company has not employed me or for immediate dismissal if the Company has employed me.

**COMPANY POLICIES; NO CONTRACT; AT-WILL EMPLOYMENT**

In the event of my employment by the company, I will comply with all rules, regulations and policies of the company.

I understand that nothing in this Application for Employment, in the Company's policy statements or personnel guidelines (whether in a policy manual or elsewhere and whether written or oral), or in my communications with any Company employee is intended to, and does not, create a contract (employment or otherwise) between the Company and me. I further understand that the Company has and reserves the right to modify its policies at any time with or without giving any notice or such changes. No promises regarding employment have been made to me, and I understand that if any such promise is or has been made it is not binding upon the Company unless it is made in writing and signed by an officer of the Company.



Name: \_\_\_\_\_

I UNDERSTAND THAT IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, IT IS AN "AT-WILL" RELATIONSHIP, MEANING THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY OR NO REASON, AND THE COMPANY ALSO HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY OR NO REASON.

**CONSIDERATION OF APPLICATION**

I understand that this Application for employment will be considered only for thirty days from the date of my signing, at the conclusion of which time, if I have not been employed by the Company and still wish to be considered for employment, it will be necessary for me to complete and submit a new application.

I hereby acknowledge that I have read and fully understand each of the above sections (Notification to Job Applicants of Drug and Alcohol Testing; Authorization to Investigate Statements; False Statements; Company policies; No Contract; At-Will Employment; and Consideration of Application).

**LIE DETECTOR NOTICE**

UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I hereby acknowledge that I have read and understand the above notice concerning lie detector tests.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:      Date Received:** \_\_\_\_\_



## **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

*Please Read Carefully Before Signing the Authorization*

### **DISCLOSURE**

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Computer Projection Rentals, Inc. DBA CPR MultiMedia Solutions (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





## Personal Data

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code)

\_\_\_\_\_  
Dates of Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address (required - may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment. I

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date