

APPLICATION FOR EMPLOYMENT

SONY PICTURES STUDIOS

10202 W. Washington Blvd., Culver City, CA 90232

Name _____
(First) (Middle) (Maiden name, if any) / (Last)

Address _____
(Street) (Apt.#)

Address _____ How Long? _____
(City) (State) (Zip)

DOB _____ Phone _____ Cell / Pager _____

Email Address _____ Social Security No. _____

Would you prefer that we communicate with you via email _____ or via the postal service _____.

Other
 Address(es) _____ How Long? _____
(Go back (Street) (City) (State & Zip)
 3 years)
 In case of emergency notify _____ Phone _____

DRIVER'S LICENSE	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

MEDICAL EXAMINATION EXPIRATION DATE ____/____/____

ACCIDENT RECORD FOR PAST 3 YEARS (WRITE "NONE", IF APPLICABLE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, SIDE SWIPE, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (WRITE "NONE", IF APPLICABLE)

LOCATION	DATE	CHARGE

ATTACH SHEET IF MORE SPACE IS NEEDED

- A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
 B) Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A) OR B) ABOVE IS YES, THEN ATTACH A SHEET GIVING DETAILS.