



EMPLOYMENT APPLICATION

Wired Communications is committed to providing equal employment opportunity to all Applicants and Associates without regard to race, color, religion, sex, sexual orientation, age, marital status, national origin, physical or mental disability, or status as a disabled or Vietnam Era Veteran.

NAME: _____ TODAY'S DATE: _____
First Middle Last

CURRENT ADDRESS: _____ How Long? _____
Street Address City State Zip

PREVIOUS ADDRESS: _____ How Long? _____
Street Address City State Zip

PHONE #: (_____) _____ SOCIAL SECURITY #: _____ DATE AVAILABLE FOR WORK: _____

POSITION APPLYING FOR: _____ CHECK ONE: FULL-TIME PART-TIME TEMPORARY

SOME POSITIONS AT WIRED COMMUNICATIONS REQUIRE EVENING AND/OR WEEKEND SHIFTS. ARE YOU AVAILABLE TO WORK SUCH SHIFTS?
 YES NO

SALARY/HOURLY DESIRED: _____ ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU WILLING TO TRAVEL (CHECK ONE): FREQUENTLY OCCASIONALLY NEVER

HAVE YOU EVER BEEN EMPLOYED BY WIRED COMMUNICATIONS OR ONE OF ITS AFFILIATES BEFORE? _____ IF YES, PLEASE LIST LOCATION, DATES OF EMPLOYMENT, AND POSITION HELD.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN (THIS WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION FOR EMPLOYMENT): _____

PROFESSIONAL REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	COMPANY	PHONE NUMBER	YEARS KNOWN / RELATIONSHIP
		()	
		()	
		()	

EMPLOYMENT EXPERIENCE

Most Recent Employer	Address	Telephone Number
Dates Employed Start End	Salary Start End	May We Contact Employer?
Last Supervisor's Name	Position Title	Reason for Leaving
Position Duties		

Previous Employer	Address	Telephone Number
Dates Employed Start End	Salary Start End	May We Contact Employer?
Last Supervisor's Name	Position Title	Reason for Leaving
Position Duties		

Previous Employer	Address	Telephone Number
Dates Employed Start End	Salary Start End	May We Contact Employer?
Last Supervisor's Name	Position Title	Reason for Leaving
Position Duties		

EDUCATION & SKILLS

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

INSTITUTION NAME

CITY/STATE

DID YOU
GRADUATE?

GPA?

LIST DIPLOMA OR
DEGREE

HIGH					
VOCATIONAL					
COLLEGE					
GRADUATE					
OTHER					

Have you ever been convicted of a felony? _____ If yes, please describe. (This will not necessarily exclude you from consideration.)

CERTIFICATION AND NOTICE

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. Please answer all appropriate questions completely and to the best of your ability. Additional testing of job related skills may be required prior to employment.

I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application or discharge at any time during my employment. I authorize the company or its representatives to investigate all statements contained in this application which may be necessary to arrive at an employment decision.

PLEASE SIGN AND DATE HERE

Signed

Date