

ALLIANCE CABLING INC.

Equal Opportunity Employer

Application for Employment

(Please print except where you signature is requested)

Date of Application

Position(s) Desired
Start

Date Available to

Desired Salary/Wage: \$ _____ per hour week annually (circle one)

Last Name	First Name	Middle	Social Security Number
Street Address	City	State	Zip Code
Mailing Address (If different from above)			
() _____		_____	
Telephone Number		Referred By (If Applicable)	

Have you filled out an application with us before? Yes: _____ No: _____
Are you 21 years of age or older? Yes: _____ No: _____
Do you have a valid Driver's License? Yes: _____ No: _____
Driver's License No: _____ State Issued: _____
DOT Class A Drivers Only – Date of Birth _____

EMERGENCY CONTACTS

Please list the names, work and home phone numbers of the persons whom you wish to be contracted in case of an emergency, accident, or injury.

Name Relationship Home Number Work Number

Name Relationship Home Number Work Number

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CATV/TELEPHONE EXPERIENCE

List Number of years of experience in the spaces provided:

INSTALLATION:

Residential: _____ Prewire: _____ Postwire: _____

CATV CONSTRUCTION:

Aerial: _____ Underground: _____ Splice Activation: _____

TELEPHONE CONSTRUCTION

Aerial: _____ Underground: _____

FIBER OPTIC CONSTRUCTION/SPLICING

Aerial: _____ Underground: _____ Outside: _____ Inside: _____

EQUIPMENT EXPERIENCE

Please list below the types of equipment you have operated and what you consider to be your level of skill with each (Beginner, Intermediate, Highly-skilled.)

Equipment Type: _____ Skill Level: _____

Equipment Type: _____ Skill Level: _____

Equipment Type: _____ Skill Level: _____

If applying for CATV Installation Dept. only, please fill in the information below.

Vehicle Information: _____
Year Make Model

Insurance Company Policy Number

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

High School City / State Graduated?

College / Trade School City / State Graduated?

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Employment History

Please give accurate and complete information. List in order of most recent employment first.

Company	Telephone ()
Street Address	Employed From (State, Month, & Year)
City State Zip	Weekly Pay
Name / Title of Supervisor	Reason For Leaving
Job Title / Brief Description of Duties:	
Company	Telephone ()
Street Address	Employed From (State, Month, & Year)
City State Zip	Weekly Pay
Name / Title of Supervisor	Reason For Leaving
Job Title / Brief Description of Duties:	
Company	Telephone ()
Street Address	Employed From (State, Month, & Year)
City State Zip	Weekly Pay
Name / Title of Supervisor	Reason For Leaving
Job Title / Brief Description of Duties:	
Company	Telephone ()
Street Address	Employed From (State, Month, & Year)
City State Zip	Weekly Pay
Name / Title of Supervisor	Reason For Leaving
Job Title / Brief Description of Duties:	

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RELEASE OF EMPLOYMENT HISTORY

By my signature below, I permit my previous employer to release any and all pertinent information to Alliance Cabling Inc., and hold harmless all past employers and Alliance Cabling Inc. for any information thereby obtained. Information to be requested will contain questions regarding the nature of my suitability for employment; and my general conduct and demeanor as an employee. I understand that the information obtained will remain confidential and will be used only to make an employment decision.

Last Name, First Name, M.I. (Please Print)

Social Security Number

Applicant Signature

Date

CONTROLLED SUBSTANCE TESTING CONSENT AND AUTHORIZATION

Part of the hiring process includes testing for abuse of controlled substances. If you wish to complete the application process, you must participate in the testing program and consent to such testing by signing this form.

Do you consent to the testing of a urine specimen provided by you in order to determine the presence of controlled substances and acknowledge that you understand that the results of this analysis will be used to determine suitability of employment?

YES _____ NO _____

Last Name, First Name, M.I. (Please Print)

Social Security Number

Applicant Signature

Date

APPLICANT, PLEASE NOTE: this testing may detect the presence of controlled substance which you are properly taking pursuant to a doctor's prescription. Therefore, it is important that you notify the specimen collection technician of any such medications you have taken within the last (30) days. You should also inform the collection technician of any non-prescription medications you have consumed with the last (30) days, as well as any consumption of poppy seed in food products within the last three (3) days.

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APPLICANTS STATEMENT

I, _____, hereby state that all the information provided by me on this application is true and complete to the best of my knowledge. I understand that falsification of information provided by me on this application can result in my not being hired. I also understand that if, in the event of employment, it is determined that I misrepresented my abilities, background, or otherwise misrepresented my qualifications on my application or in interview(s), termination of employment or demotion may result.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant who wishes to be considered for employment beyond this period of time should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and that the employer may discharge the employee at any time with or without cause. It is further understood that "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that except for at-will employment status, Alliance Cabling Inc. may change any and all policies and practices at any time. Alliance Cabling Inc. reserves the right to change hours, wages, benefits and working conditions at any time. I understand and agree, that no one other than the President of Alliance Cabling Inc. has the authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will. Only the President of Alliance Cabling Inc. has the authority to make such agreement, and then only in writing when signed by the President.

In the event of employment, I acknowledge that, by my signature below, I agree to follow all company policies and procedures. I understand that it is my responsibility to ask Alliance Cabling Inc. Personnel Office to explain any information contained herein that I did not fully understand. My signature below acknowledges that I have understood and agree to all information, etc. contained herein.

Signature of Applicant

Date