

Employment Application Form

General Information

Last Name First Name Initial Social Security No.

Address Home Telephone

City, State, Zip Message Telephone

Position Applied For Email Address How did you hear about us?

Lead Installer

Do you have a Florida drivers license? Current Employer

Yes No

Are you currently employed? May we contact your present employer(s)? Are you available for work? When?

Yes No

Yes No

Yes No

Do you need to give notice to present employer? How long? Are you applying for full time? Are you willing to work parttime?

Yes No

Yes No

Yes No

Are you willing to work temporary? Can you work evenings when the job requires it? Can you work weekends when the job requires it?

Yes No

Yes No

Yes No

Can you travel if the job requires it? How much? If you are under 18 years of age, can you provide required proof of your eligibility to work? Have you ever filed an application with us before?

Yes No

Yes No

Yes No

Do you have proof of citizenship? Have you been convicted of a felony within the last 7 years? Are you willing to submit to drug testing?

Yes No

Yes No

Yes No

Education Information

School Address Major Studies Degree, Diploma, License or Certificate (list type and date)

High School

Vocation/Business/Other

College/university

College/university

Graduate

Describe any specialized training and job-related skills

Employment History

Is this your current employer? Yes No

May we contact this employer for references? Yes No

Most Recent Employer

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

Next Most Recent Employer

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

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Job Duties and Responsibilities

Reason for Leaving

Specialized Skills

BICSI	Yes <input type="radio"/> No <input type="radio"/>	What level?	Vendor Certifications	Yes <input type="radio"/> No <input type="radio"/>	From who?
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PBX/ Phone Systems	Yes <input type="radio"/> No <input type="radio"/>	Which brands?	Foreign Language	Yes <input type="radio"/> No <input type="radio"/>	Which?
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Special Tools	Yes <input type="radio"/> No <input type="radio"/>	Specify types:	Testers	Yes <input type="radio"/> No <input type="radio"/>	Specify types:
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Which ones do you own?

Other Information

Volunteer Activities (list organization, type of service, dates)

Additional Notes (optional)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

I agree