



APPLICATION FOR EMPLOYMENT

Our Company is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable federal, state, or local laws. The Company also prohibits harassment of applicants or employees based on any of these protected categories. It is also the Company's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions. Any applicant may notify the Equal Employment Opportunity Commission, the Federal Communications Commission, or other appropriate agency if they believe they have been discriminated against.

Note to Applicants: Smoking is prohibited in all indoor areas of the Company unless designated smoking areas have been established by a particular location in accordance with applicable state and local laws.

Note to Rhode Island Applicants: The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Location	Today's Date	Position Applying For	
Name (Last)	(First)	(Middle)	Date Available for Work
Street Address		Salary Expected ("Hourly" or "Yearly")	
City		State	Zip
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the other name(s):		Telephone (Home)	Telephone (Work)
Have you previously worked for or applied for a position with the Company or any related Company, in any of our locations either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain when and, if employed, in what capacity:		If yes, are you available weekdays? Weekends?	

PERMISSION TO WORK

Are you legally authorized to work in the U.S.? Yes No [If hired, you will be required to submit verification of your legal right to work in the United States.]

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes No

REFERRAL INFORMATION

How did you learn about the Company?

Employment Agency (state name): _____ School (state name): _____

Reputation of Firm _____ Newspaper ad (name of paper): _____

Referral (state name): _____ Other: _____

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
1	Name, Title, and Phone Number of Supervisor / May we contact? __ Yes __ No	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

2	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor / May we contact? __ Yes __ No	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

3	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor / May we contact? __ Yes __ No	Monthly Wages Start Last
	Job Title, and Work Responsibilities	Reason for Leaving:

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

4	Company Name	Telephone () -
	Address	Employed (Month and Year) From To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start Last
	Job Title and Work Responsibilities	Reason for Leaving:

Please explain any gaps in your employment _____

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/Technical				

SPECIAL SKILLS, EXPERIENCE, TRAINING AND/OR OTHER QUALIFICATIONS

Software and Technology (for Office-Related Positions Only)

Check only those with which you are proficient. For those marked with an (*), provide information as to the specific version, release, or model.

- MS Word™*
- MS Outlook
- Concur®
- PowerPoint™
- LOTUS 1-2-3™
- Excel™*
- Paradox™/Access™*
- Windows™*
- Electronic Mail Programs*
- Netware*
- Programming/Database Applications*
- Document Management Programs*
- Telecommunications*
- Computer Hardware

List any other software programs with which you are proficient, and any other technical skills you possess:

Other Relevant Experience, Training, Skills, and/or Qualifications

Use space below for any other experience, training, skills, certifications or qualifications which you feel would especially qualify you for the position you are seeking. (Typing, shorthand, CRT, CATV system, construction, system maintenance, local organizations, FCC licenses held, etc):

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

Driver's License Information: State: _____ Number: _____ Expiration Date: _____

Have you had your driver's license suspended or revoked in the last 5 years? ___Yes ___No. (If "yes," please explain below.)

Please explain any Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

If hired, you may be required to provide proof of insurance coverage.

Emergency Contact Person:

Name: _____ Phone Number: _____

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of the Company, or the President's authorized representative, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and any such agreements must be in writing and signed by the Company President and by me or my authorized representative.*

Initial: I further understand and agree that, except for employment-at-will status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.*

Initial: I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: I hereby authorize the Company to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: I agree to submit to legally permissible drug testing upon an offer of employment from the Company and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

Initial: I understand that the Company has a dispute resolution procedure, which includes an arbitration procedure governed by the Federal Arbitration Act, 9 U.S.C. sections 1 et seq. The arbitration procedure applies to claims brought by me against the Company or by the Company against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in accordance with procedures adopted by the Company. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission, U.S. Department of Labor or National Labor Relations Board. Nor do these procedures prevent me from making a claim for workers compensation or state disability benefits or unemployment insurance. I understand and agree that I may review the dispute resolution agreement, and applicable arbitration procedures described therein, before submitting this application for employment by making a written request for a copy of those procedures from the Company.*

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE THE CLAIM OR DISPUTE.

Initial: **Massachusetts Applicants:** I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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

APPLICANT'S STATEMENT & ACKNOWLEDGMENT (Continued)

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.*

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.