

# ASCIO Wireless

## Employment Application

### Personal Information

**Full name:** \_\_\_\_\_ **Other names under which employed:** \_\_\_\_\_

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial

**Social Security #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **How long at this address?**  
 Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
 Number                      Street                      City                      State                      Zip

**Previous Address:** \_\_\_\_\_ **How long at this address?**  
 Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
 Number                      Street                      City                      State                      Zip

**Current Home Phone:**( \_\_\_\_\_ ) **Message Phone:**( \_\_\_\_\_ )

**Are you at least 18 years old?** Yes \_\_\_\_\_ No \_\_\_\_\_ If no, age: \_\_\_\_\_  
 (applicants must be at least 18 years old to be considered for employment in the labor positions.)

**Can you submit verification of your legal right to work in the U.S.?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever been convicted of or pled guilty or "no lo contendre" or received "deferred adjudication" for a felony or a misdemeanor that resulted in imprisonment or court ordered probation?\*** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, specify nature of offense:** \_\_\_\_\_

**When:** \_\_\_\_\_ **Where:** \_\_\_\_\_  
 (\*This information will not necessarily disqualify an applicant from consideration.)

Have you been employed by CCI previously? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, state position:** \_\_\_\_\_ **Dates employed:** \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have relatives working for CCI? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, in order to evaluate potential reporting relationships:**  
 List name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Location: \_\_\_\_\_

### EDUCATION

Circle highest grade completed:	School Name	City	State
Elementary                      5   6   7   8	_____		
High School                      9   10   11   12	_____		
GED:    yes _____    no _____	_____		
College                      1   2   3   4	_____		
	Major _____	GPA _____	
	Graduation date: _____		
Graduate School                      1   2   3   4	_____		
	Major _____	GPA _____	
	Graduation date: _____		
<b>Technical/Specialized training:</b> _____			

## PLACEMENT INFORMATION

For which position are you applying? \_\_\_\_\_ Salary desired: \_\_\_\_\_

When could you start? \_\_\_\_\_ How long do you intend to work for? \_\_\_\_\_

Do you desire: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_ If Temporary, how long? \_\_\_\_\_

Are you willing to travel? Contiguous United States \_\_\_\_\_ Foreign \_\_\_\_\_ Unable to travel \_\_\_\_\_

Do you possess an active drivers license? \_\_\_\_\_ State: \_\_\_\_\_

### WORK HISTORY/EXPERIENCE - \*BEGIN WITH MOST RECENT OR PRESENT EMPLOYER

**\*Please list your lifetime work history including U. S. Military Service, self employment, temporary jobs. Account for all gaps in employment. Write "N/A" where appropriate. If you have no work experience, write "NONE".**

Present/Last Employer	DATE (MO. & YR.)	SALARY	POSITION
Company Name: _____ Phone #: _____	From: _____	Starting: _____ \$ _____ per	Starting: _____
Address: _____	To: _____	Ending: _____	Ending: _____
Supervisor: _____		\$ _____ per	
May we contact this company? yes ___ no ___		Reason for leaving? _____	

EMPLOYER	DATE (MO. & YR.)	SALARY	POSITION
Company Name: _____ Phone #: _____	From: _____	Starting: _____ \$ _____ per	Starting: _____
Address: _____	To: _____	Ending: _____	Ending: _____
Supervisor: _____		\$ _____ per	
May we contact this company? yes ___ no ___		Reason for leaving? _____	

EMPLOYER	DATE (MO. & YR.)	SALARY	POSITION
Company Name: _____ Phone #: _____	From: _____	Starting: _____ \$ _____ per	Starting: _____
Address: _____	To: _____	Ending: _____	Ending: _____
Supervisor: _____		\$ _____ per	
May we contact this company? yes ___ no ___		Reason for leaving? _____	

EMPLOYER		DATE (MO. & YR.)	SALARY	POSITION
Company Name:	Phone #:	From:	Starting: \$        per	Starting:
Address:		To:	Ending:	Ending:
Supervisor:			\$        per	
May we contact this company? yes ___ no ___		Reason for leaving?		

EMPLOYER		DATE (MO. & YR.)	SALARY	POSITION
Company Name:	Phone #:	From:	Starting: \$        per	Starting:
Address:		To:	Ending:	Ending:
Supervisor:			\$        per	
May we contact this company? yes ___ no ___		Reason for leaving?		

SPECIAL SKILLS, ACCOMPLISHMENTS			
List your special skills. Some examples are: skills with computers or networking, analysis equipment, cabling, tower climbing, etc.			
Computer programs: _____			
Job related licenses/certificates held:	date issued:	issuing authority:	
_____	_____	_____	
_____	_____	_____	

PERSONAL REFERENCES		
<i>OTHER THAN RELATIVES OR FORMER EMPLOYERS</i>		
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____

REFERRAL INFORMATION			
<b>How were you referred to ASCIO Wireless?</b>			
Newspaper Ad _____	Temp. Agency _____	Flyer _____	
Jobline _____	TWC/TEC _____	SER _____	
Jobfair _____	Which jobfair? _____	Date of jobfair? _____	
School _____	Which school referred you? _____		
Agency _____	Which agency referred you? _____		
ASCIO Employee _____	Which employee referred you? _____		
Other: _____			

I certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant ASCIO Wireless LLC. permission to verify such information, as well as information from other employers that may surface in the selection process. I authorize the references listed above, and any that may surface during the selection process, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to ASCIO Wireless LLC.. I understand that any false statement or omission I make on this application or at any time during the selection process may be considered sufficient cause for rejection of my application or for dismissal. I understand that as a result of ASCIO Wireless LLC.'s substance abuse policy, I may be required to submit to a substance abuse screen as part of the selection process and a positive test result may be considered sufficient cause for rejection of my application or for dismissal. I understand that ASCIO Wireless LLC. reserves the right to drug test any time during the course of employment as outlined in the Company's Substance Abuse Policy and my refusal to submit to a required test will subject me to immediate discharge. I agree to abide by and comply with all rules of the Company. I further understand and agree that my employment is for no definite period of time and may be terminated at any time by me or the Company, regardless of the date of payment of my wages and salary. Additionally, I understand that this application will remain active for 6 months from receipt.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_