

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY *TIME*, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____

Full Name: _____ Phone: _____

Present Address: _____ How long have you lived there? _____

Previous Address: _____ How long did you live there? _____

Desired Salary / Hourly Rate: _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired: Full-Time or Part-Time Specify hours: _____

Are you willing to work overtime? YES or NO _____

Have you previously applied for employment with this Company? YES or NO

If YES when and where did you apply? _____

Have you ever been employed by this company? YES or NO

If Yes, provide dates of employment, location, and reason for separation from employment:

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

1. All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. Arizona, Colorado, District of Columbia, Illinois, Kansas, Minnesota, Missouri, Montana, Nevada, Rhode Island, South Carolina, and Utah applicants: Do not respond to the second question regarding arrests.
3. California applicants: Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
4. Connecticut applicants: You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased and may so swear under oath.
5. District of Columbia and Washington applicants: Limit any response to the past ten (10) years.
6. Hawaii applicants: Do not answer the following two questions.
7. Indiana applicants: Regarding arrests limit your response to pending charges for felonies and class A misdemeanors that are less than one (1) year old.
8. Massachusetts applicants: Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, speeding, a minor traffic violation or disturbing the peace. Applicants with a sealed record on file with the Massachusetts Commissioner of Probation may answer "No Record" with respect to: 1) all inquiries relating to prior convictions or arrests; 2) misdemeanor convictions older than five (5) years; and 3) first time convictions for simple assault, drunkenness, speeding, minor traffic violations or disturbing the peace.
9. Michigan applicants: Regarding arrests, limit your response to felony arrests awaiting conviction or dismissal.
10. New York applicants: All pending arrests or criminal accusations must be disclosed. You are not required to disclose arrests or criminal accusations that resulted in criminal actions or proceedings which were terminated in your favor. Do not disclose criminal actions or proceedings that were sealed or classified as youthful offender adjudications. An ex-offender who is denied employment may, upon written request, receive a statement of the reason(s) for denial within thirty (30) days of the applicant's request for such information.
11. North Dakota and Oregon applicants: Regarding arrests, limit your response to pending charges that are less than one (1) year old.
12. Utah applicants: Limit any response to felony convictions only. Do not respond to the second question regarding arrests.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above? YES OR NO

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? YES OR NO

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? YES OR NO

If YES please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (For example., computer programming/ language, software, equipment operation, special tools or machines, etc.)

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer Name: _____ Address: _____ Type of Business: _____

Telephone: _____ Dates Employed: FROM _____ TO _____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact? **YES** OR NO

If No, why not? _____

Wages Start: _____ Final: _____ Reason for Leaving: _____

What will this employer say was the reason your employment terminated?

How much notice did you give when resigning? _____ If none, explain. _____

Employer Name: _____ Address: _____ Type of Business: _____

Telephone: _____ Dates Employed: FROM _____ TO _____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact? **YES** OR NO

If No, why not? _____

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Telephone: _____ Dates Employed: FROM _____ TO _____

Job Title: _____ Duties: _____

Supervisor's Name: _____ May we contact? **YES** OR NO

If No, why not? _____

Wages Start: _____ Final: _____ Reason for Leaving: _____

What will this employer say was the reason your employment terminated?

How much notice did you give when resigning? _____ If none, explain. _____

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated from any job? YES OR NO How many times? _____
Has your employment ever been terminated by mutual agreement? YES OR NO How many times? _____
Have you ever been given the choice to resign rather than be terminated? YES OR NO How many times? _____

If you answered YES to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISJON IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE, NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERJOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DJSCRETIION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT !TWILL NOT MODJFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature _____ Date ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant Signature _____ Date _____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SJMILAR TEST AS A CONDJTION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.

Drug Test/Background Check Consent Form

Notice and Authorization for Employee Drug Testing/Background Check

Telecom employee's and subcontractors are required to participate in pre-screening for employment. A background check and drug screening must be completed **before** an individual is allowed to work. Background checks must be re-verified **every 12 months** following the initial technician acceptance date.

Consent Agreement and Release of Liability

I have read, understand, agree, and consent to Telecom Placement, Inc policy as stated above.

I AUTHORIZE Telecom Placement, Inc agent(s) to collect a specimen(s) of my urine for chemical analysis.

I AUTHORIZE Telecom Placement, Inc agent(s) to conduct a background check covering SS Verification, Name and Address search, Criminal Search, Supplemental Search, County Criminal Search, Federal Criminal Search, Statewide Criminal Search and Motor Vehicle Record Check.

I CONSENT to this test for drugs and authorize the attending physician or laboratory technician and testing laboratory to provide test results to Telecom Placement, Inc.

I CONSENT to this background search and consent to have results provided to Telecom Placement, Inc.

Employee's Signature: _____

Date: _____

Full Name: (First, Middle Last): _____

DOB: _____

DL#: _____

SS#: _____

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben restringir o influenciar la

selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación

debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

AVISO:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA