

FIELD TECHNICIAN

Employment Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date of Birth:
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Social Security No.:		Driver's License No.:	Date Available:
Are you authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
What languages do you read, speak, or write fluently?			

EDUCATION					
High School			City, State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			City, State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			City, State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

JOB SPECIFIC QUESTIONS

Without an accommodation, are you able and willing to work in positions requiring repetitive stooping, kneeling and climbing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Without an accommodation, are you able and willing to work in crawl spaces or attics?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Without an accommodation, are you able to lift up to 50 pounds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Are you able and willing to work outdoors in various weather conditions such as heat, rain, wind, sleet, snow, etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you afraid of heights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Without an accommodation, are you able and willing to climb a ladder and work at heights up to 40 feet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Without an accommodation, are you able and willing to carry heavy equipment while climbing a ladder at this height?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able and willing to work Saturdays, Sundays, Evenings and/or various Holidays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able and willing to work overtime when required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I also understand that a drug/alcohol test, background check, and driving record check may be performed upon submission of this application, and my passing these tests is a stipulation of employment with Eccentrix Wireless.

Signature

Date