



EMPLOYMENT APPLICATION (TECHNICAL FIELD)

Applied Business Communications is an equal opportunity employer and will consider all applicants for all positions equally, without regard to their race, creed, color, sex, age, religion, national origin, veteran status, or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Please type or print clearly and abbreviate as necessary. **If more space is needed, use the back of the page.**

PERSONAL

LAST NAME		FIRST NAME		MIDDLE INITIAL	TODAY'S DATE	
PRESENT STREET ADDRESS				HOME PHONE NO. () - ()	OTHER PHONE NO. <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	
CITY		STATE	ZIP CODE	SOCIAL SECURITY NO.		
YES	NO	Check appropriate box and complete blanks as noted for each question.			YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Are you over 18 years of age?		Are you a citizen of the United States or do you have the legal right to be employed in the United States?		
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? If "YES," state the offense, location, date and disposition: _____ _____		Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? If "NO," please explain: _____		
		A conviction will not necessarily disqualify you from employment.				
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold a currently valid driver's license? If "YES," complete the following:		Are you a member of any professional or civic organizations? If so, please list below (exclude those organizations which may disclose your race, color, religion or national origin):		
		DRIVER'S LICENSE NO.	STATE	TYPE/CLASS		
				S		

EMPLOYMENT DESIRED

Are you seeking: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY OR SUMMER EMPLOYMENT						
How did you learn of our company and/or position?						
POSITION APPLYING FOR			PAY DESIRED \$	DATE AVAILABLE TO START		
YES	NO	Check appropriate box and complete blanks as noted for each question.			YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever applied for employment with our company before? If so, complete the following:		Are you now, or do expect to be, working in any other business or job?		
		MONTH & YEAR	LOCATION	Are there any days or hours you would be unable or unwilling to work? If so, specify:		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have special training or skills (e.g., machine operation, languages, etc.)? If "Yes," please list:		Do you hold any current licenses, registrations or certificates related to the job for which you are applying? If so, please list:		

EDUCATION									
SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	% PROGRAM COMPLETED	ATTENDANCE			DEGREE OR DIPLOMA		
				Month & Year		Full / Part Time			
				FROM	TO				
Graduate						<input type="checkbox"/> FT <input type="checkbox"/> PT HRS/WK:			
College						<input type="checkbox"/> FT <input type="checkbox"/> PT HRS/WK:			
Business/Trade Technical						<input type="checkbox"/> FT <input type="checkbox"/> PT HRS/WK:			
High School									
Elementary School									
YES	NO	Check appropriate box and complete blanks as noted for each question.					YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you planning to pursue further studies? If so, when, where and what course(s)?		Have you completed any other school or specialized training? If so, list:			<input type="checkbox"/>	<input type="checkbox"/>	
MILITARY									
YES	NO	Check appropriate box and complete blanks as noted.					YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did you serve in the United States Armed Forces? If so, complete the following:					<input type="checkbox"/>	<input type="checkbox"/>	
		BRANCH	DATE ENTERED	DATE SEPARATED	FINAL RANK				
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently serving on a part-time basis in the United States Armed Forces? If so, complete the following:					<input type="checkbox"/>	<input type="checkbox"/>	
		BRANCH	DATE ENTERED	DUTY SCHEDULE	RANK				
CAPABILITY/RELIABILITY									
YES	NO	Check appropriate box and complete blanks as noted for each question.					YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Would you be willing and able to perform all of the tasks required by the job you are applying for? If not, specify which tasks:		Have you filed any type of fraudulent claim against any of your present or past employers? If so, please explain:			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Will you abide by the safety rules of this company		Have you ever been disciplined for violating company safety rules or regulations? If so, please explain:			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you missed any work (or school) in the last two years? If so, estimate total number of days missed:		Have you been late/tardy for work (or school) in the last two years? If so, estimate total number of times late or tardy:			<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Would you be willing and able to report to work on time every day on a regular and consistent basis? If not, please explain:					<input type="checkbox"/>	<input type="checkbox"/>	

WORK HISTORY

Please give accurate, complete Full-Time and Part-Time employment record. List employment in consecutive order with your present or most recent employer listed first. (NOTE: If history includes self-employment, give firm name and supply business references.)

1	COMPANY NAME		TELEPHONE NO.	
	ADDRESS		EMPLOYED (Give Month and Year)	
	NAME AND TITLE OF SUPERVISOR		From:	To:
	STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK		WEEKLY PAY	
	May we contact this Employer?		Start:	Last:

		REASON FOR LEAVING	
		(Yes)	(No)
		Please Circle	

2	COMPANY NAME		TELEPHONE NO.	
	ADDRESS		EMPLOYED (Give Month and Year)	
	NAME AND TITLE OF SUPERVISOR		From:	To:
	STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK		WEEKLY PAY	
	May we contact this Employer?		Start:	Last:

		REASON FOR LEAVING	
		(Yes)	(No)
		Please Circle	

3	COMPANY NAME		TELEPHONE NO.	
	ADDRESS		EMPLOYED (Give Month and Year)	
	NAME AND TITLE OF SUPERVISOR		From:	To:
	STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK		WEEKLY PAY	
	May we contact this Employer?		Start:	Last:

		REASON FOR LEAVING	
		(Yes)	(No)
		Please Circle	

YES	NO	Check appropriate box and complete blanks as noted for each question.		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes)	Have you ever been disciplined or received verbal or written warning(s) for absenteeism or tardiness? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
			NAME	@ COMPANY	
			Have you ever been fired, or asked to resign, from a job? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL SKILLS

What, if any, computer or word processing experience or training do you have?

What, if any, languages do you speak fluently?

Use the space below to describe why you are interested in working for our company and to list those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers:

NAME	ADDRESS	PHONE	OCCUPATION

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I offer, imply or document any false, misleading or otherwise incorrect statements on this application form or during my interview may be grounds for my immediate discharge.

I hereby authorize Applied Business Communications to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.

I agree that, if Applied Business Communications, employs me I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in Applied Business Communications, is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President or Vice President of Applied Business Communications. I also understand that my employment may be terminated by myself or by Applied Business Communications at any time for any lawful reason, with or without prior notice.

APPLICANT'S SIGNATURE	DATE
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COMPANY USE ONLY

INTERVIEWED BY	
Is the operation of a company vehicle a job requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," has a request for driver's record been made? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was candidate tested for drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, specify results: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Applied Business Communications

Installer/Technician Job Description

The following is a description of the job requirements, duties and responsibilities. You must be able to perform these with or without reasonable accommodation. Although several requirements are explained in this description this is not to be considered an entire list of all policies, procedures and requirements. This is a union position that will require you to pay union dues and start up fees. A copy of the contract can be reviewed on site if requested. Although the union contract provides specific outlines on many issues we reserve the right to require complete cooperation in the regards to the company handbook, which outlines policies, procedures, requirements and expectations. There is a probationary period and there are some tools that you will need to purchase. There is a dress code and it will be explained in more detail along with other policies and procedures at the time of a potential interview. All policies and procedures are mandatory and are a requirement and a condition of employment. Failure to follow and policy, procedure, requirement will result in disciplinary action up to and including termination.

You must have adequate transportation; the responsibility of arriving to work is entirely up to each individual. You could be required to report to a different job site at any given time, or you could be assigned to the same work site for extended periods of time. Installers and Technicians are responsible for the following job tasks, any of which can happen for several minutes to eight or more hours during a single day. You will be required to fulfill any and all obligations regarding any J.A.T.C. Apprenticeship program, standards and company obligations. You must also fulfill any and all State Licensing requirements in regards to state laws and requirements that may be or become applicable. These requirements are mandatory and a condition of continued employment. Failure to sign, follow or to complete any indenture ship or not follow state requirements or guidelines will result in immediate termination.

A main function and requirement is to install Power Limited communication cables in pathways (ceilings, walls and floors). The work is typically performed in office buildings where there is a controlled environment. There are times where the work is outdoors during construction and the environment is not controlled. In these situations, all field personnel must be able to perform these tasks and dress accordingly. It is a requirement that all field personnel must be able to distinguish many different colors in different lighting situations. In addition, it is essential that you are able to communicate well in different audible environments. You are also required to wear different types of protective gear depending on the safety requirement. You may be required to work in a confined space and at times work from Aerial lifts and or extension ladders.

Our cables are shipped on wood or plastic reels, which can weigh from one pound to several hundred pounds. It is required that you lift and load cable, supplies, tools and equipment into a vehicle for transport to the job site where you will unload and transport into the working area. In case of any heavy lifting, teamwork, proper equipment and safe lifting techniques are essential. One or more cable reels are loaded onto mobile carts similar to miniature scaffolds, where they are prepared for installation into the pathway. The installer moves a ladder or manual lift into position for throwing and reclaiming the cable multiple times until the final destination is reached. It is required that you are comfortable working at elevated working heights which can be in excess of 20 feet.

The Installer/Technician removes the cable from the reel and routes one end to a workstation and the other to a telecommunications closet. Cable termination at each end consists of inserting small, color coded wires into connectors using hand tools. This procedure requires good hand/eye coordination and finger dexterity. The ability and safe use of power tools and test equipment is needed and is a required function of the job. Documentation is a required and essential function of the job and must be performed on a daily basis with complete descriptions and all pertinent information legibly filled out.

The Installers/Technicians daily work requires a considerable amount of climbing, walking, standing, lifting, kneeling and reaching. The sedentary tasks such as some troubleshooting, testing and terminating procedures are unpredictable and generally last for nominal periods of time. You will be required to perform many tasks in uncomfortable positions such as kneeling, bending, crawling through spaces, performing work over head with your arms extended, crouching under a desk or standing on a ladder.

Acknowledgement:

I understand that if I were offered a position it may be contingent upon passing a drug test, a failed test would rescind an offer of employment.

I have read and understood the above description and all it's contents including required policies, procedures, State and educational requirements. I can perform all the functions necessary with or without reasonable accommodation. I am also aware that I must comply at all times or I will be subject to disciplinary action up to and including immediate termination.

Print Name _____ **Signature** _____

Date: _____