



APPLICATION FOR EMPLOYMENT

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Primary Telephone () _____ Secondary Telephone () _____

Email _____ Social Security No. _____ - _____ - _____

Position Applied for: _____ Requested Salary: \$ _____

Date available to start: _____ If under 18 years, list age: _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

If full time, will you be able to work overtime? _____ Can you work nights? No Yes

If part time, how many hours can you work weekly? _____ Can you work weekends? No Yes

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Do you have any limitations on travel? Yes No If yes, describe: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", years completed _____	N/A
College			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", years completed _____	
Bus. or Trade School			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", years completed _____	
Professional School			Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", years completed _____	

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a driver's license? Yes No

Do you have reliable means of transportation to work Yes No

Driver's license number _____ Expiration Date _____
 State of issue _____ Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____



APPLICATION FOR EMPLOYMENT
Specific Skills Training/Certifications/Qualifications

Equipment/ Anritsu Certified Model(s) _____ HP Certified Model(s) _____
 Product/ Connector classes Brand/Model(s) _____
 Test Gear Equipment qualified Brand/Model(s) _____
 (mini-x, backhoe, boom truck, etc) _____
 RF product qualified/certified Brand/Model(s) _____
 (Nokia, Ericsson, Andrew, etc) _____
 Other _____

Safety Competent Climber Certification. Training company _____
 Tower Rescue Certification. Training company _____
 OSHA 10 - Completion Date _____ OSHA 40 - Completion Date _____
 First Aid/CPR Expiration Date _____ RF Awareness - Expiration Date _____
 Other Safety training/certification _____

Computer Word PowerPoint Email/internet
 Excel Visio Other _____

Other List other training, seminars, management courses or other specific qualifications/certifications _____

References: Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

Use the space below to summarize any additional information necessary to describe your full qualifications of the position for which you are applying. You may also list any personal information of benefit in considering your application such as involvement with charitable or fraternal organizations, awards or recognition, personal achievements, hobbies, etc.



APPLICATION FOR EMPLOYMENT

Work Experience

Please list your work experience beginning with your current or most recent job held. Attach additional sheets if necessary. If you have a resume that includes the required employer information below, it is not necessary to complete this portion of the application. Please note below that the information is included on your resume which must be attached to the employment application.

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty: _____ Date Entered: _____ Discharge Date: _____

May we contact your present employer? Yes No

Name of employer: Address:	Phone Number () - _____	Employment Dates From: To:	Pay or Salary: Start: End:
	Name of last supervisor: Your Last Job Title:		
Reason for leaving (be specific):			
Responsibilities:			

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Reason for leaving (be specific):			
Responsibilities:			



Application for Employment

Name of employer: Address:	Phone Number () - _____	Employment Dates From: To:	Pay or Salary: Start: End:
	Name of last supervisor: Your Last Job Title:		
Reason for leaving (be specific)			
Responsibilities:			

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	Name of last supervisor: Your Last Job Title:		
Reason for leaving (be specific)			
Responsibilities:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any false, misleading or omitted information in my application may disqualify me from employment consideration with EMF Telecom Inc. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination from EMF Telecom Inc.

I understand that EMF Telecom Inc conducts background investigations of applicants and information obtained may disqualify me from employment consideration. I also acknowledge that EMF Telecom Inc may require pre-employment drug testing as a requirement for employment.

Signature: _____

Date: _____



REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, EMF TELECOM INC will verify the information I have provided on my application for employment, including my personal background, character, professional standing, work history and qualifications. I also understand the EMF Telecom Inc will use the services of an outside agency to research and verify portions of the information I have provided on my application for employment. This agency will provide a report to EMF TELECOM INC. EMF TELECOM INC uses Backgrounds Online, a consumer-reporting agency, as an agent to perform background investigations and verifications.

EMF Telecom Inc and/or Backgrounds Online will utilize various sources of information it deems appropriate, including but not limited to: credit reporting agencies, workers compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, and professional and personal references.

I request, authorize and consent to the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization, in original or copy form, shall be valid for one year from the date indicated next to my signature. In accordance with the Fair Credit Reporting Act, EMF TELECOM INC will notify me if employment is denied because of information obtained from a consumer-reporting agency. Additionally, I understand that if requested within sixty (60) days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to EMF TELECOM INC. I further understand that when requesting a copy of the report, proper identification will be required, and I should direct my request to Backgrounds Online, 1821 Q Street, Sacramento, CA 95814, phone: 800.838.4804.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE EMF TELECOM INC LLC, AND ITS AGENTS, BACKGROUNDS ONLINE, AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

Signed Today's Date

Printed Name Position Applied For

Social Security Number Date of Birth Drivers License Number State

Other names you have used or are also know as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS:

Current Address:

Street Apt.# City State Zip Code How long here?

Former Address:

Street Apt.# City State Zip Code How long here?

Former Address:

Street Apt.# City State Zip Code How long here?