



Wireless Construction, Inc.
40 Blake Road
Standish, ME 04084
Phone (207) 642-5751 Fax (207) 642-5754

EMPLOYMENT APPLICATION FORM

<p style="text-align: center; margin: 0;">PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</p>	<p style="margin: 0;">APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS</p>	<p style="text-align: center; margin: 0;">OFFICE USE ONLY</p>
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PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last First Middle Maiden

Present address _____

Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Date of Birth ____/____/____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

How many hours can you work weekly? _____ Can you work nights? _____

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

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus./Trade School				
Professional School				

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. _____

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

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

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	Word Processing	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Computer	<input type="checkbox"/> Yes	PC <input type="checkbox"/>		Other	_____		
	<input type="checkbox"/> No	Mac <input type="checkbox"/>		Skills	_____		

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

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 _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
Phone number:		Your last job title:	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Wireless construction, Inc. (hereinafter called "WCI"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other WCI practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of WCI, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an Officer of WCI. Both the undersigned and WCI may end the employment relationship at any time, without specified notice or reason. If employed, I understand that WCI may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the WCI permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release WCI from any liability as a result of such contract.

I also understand that (1) the Firm has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, WCI may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, WCI will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with WCI shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the WCI is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Firm is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.