
Cable Associates, Inc.

Telecommunication Construction

www.cableassociatesinc.com

435 Redoubt Road, P.O. Box 1516, Yorktown, Virginia - (757)890-0143 - ctarpley@cableassociatesinc.com

For Office Use Only:

Hire Date: _____ Employee #: _____ Hourly Rate: _____

APPLICATION FOR EMPLOYMENT

ALL APPLICANTS MUST HAVE A **CURRENT DRIVERS LICENSE** (CDL OR CDL LEARNER'S PERMIT PREFERRED) ALL APPLICANTS MUST ALSO SHOW **PROOF OF U.S CITIZENSHIP**, OR PROVIDE PROPER DOCUMENTATION ALLOWING YOU TO WORK IN THE U.S.

*If your application is considered you will be required to provide a current DMV driving record, undergo a drug screening as well as a criminal background check. The results will be put in your permanent file, and could be made available to any company with which Cable Associates, Inc. contracts with.

Date: _____

Name:

Last

First

M.I.

Current Address:

Street

City

State

Zip

Home Phone: _____

Cell Phone: _____

Social Security Number: (optional at initial application, required if application is considered)

Are you 18 years or older?

Yes No

Employment Desired

Position: _____ Date you can start: _____ Salary Desired: _____

Do you have a current
Commercial Driver's License or
CDL Learner's Permit? Yes
No

Do you have any experience in
the Utility Construction field? Yes
No

Do you have experience operating
any of the following?

- Backhoe
 Directional Drill
 Excavator
 Trenching Machine
 Other _____

Are you currently employed? Yes
No

If yes, may we contact your
present employer? Yes
No

Were you referred to Cable
Associates, Inc.? Yes
No

If yes, please provide their name: _____
Name

Application continued on back

Education	Name of School	Number of years attended.	Did you graduate?
High School			
College			
Business or Trade School			

Previous Employment	Name and phone number of Employer	Position	Reason for leaving	Salary
From: (mm/yyyy) To:				
From: (mm/yyyy) To:				
From: (mm/yyyy) To:				
From: (mm/yyyy) To:				

References				
	Name	Phone Number	Business	Years Acquainted
1				
2				
3				

Emergency Contact:

Name *Address* *Phone #*

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or they company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice, at any time by the company."

Signature of Applicant

Date