



Application for Employment

Veterans' Cable Services, Inc. is an equal opportunity employer and does not discriminate in our hiring or employment practices. All qualified candidates will receive consideration without regard to race, age, color creed, religion, gender, national origin, veteran status, marital status, sexual orientation, non job-related disability or medical condition, or any other legally protected status.

Personal Information

Name (Last, First, MI): _____ Date: _____

Street Address: _____

City, State, Zip Code: _____

Phone #: _____ Email: _____

Referral Source: _____

Are you at least 18 years old? Yes No

Do you have a valid Driver's License? Yes No

Are you legally authorized to work in the United States? Yes No

Have you ever been employed by Veterans' Cable Services, Inc.? Yes No

If yes, when? _____

Do you have any friends or relatives employed by Veterans' Cable Services, Inc.? Yes No

If yes, who? _____

Position desired: _____

Wage or Salary desired: _____ per Point Hour Week Month Year

Are you interested in: Full-time Part-time

Available start date: _____

If travel is required for the position, do you have any restrictions? Yes No

If yes, please explain: _____

Education History

School Name	School Address	Dates Attended	Graduate?	Area(s) of Study:
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Please list all employers within the last 7 years, starting with most recent.
Applicants may provide a résumé of their employment history.

Dates of Employment	Name and Address of Employer	Position Held
Duties/Responsibilities		Wage/Salary
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisors name, title and phone #	Reason for Leaving

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Please list any specialized training or skills: _____

US Military Service

Branch(es) of Service: Air Force Army Coast Guard Marines National Guard Navy
 Method(s) of Service: Active Reserves Retired Date(s) of Service: _____
 Rank (and specialty/rating if applicable): _____
 Are you able to provide a copy of your DD Form 214 or equivalent? Yes No

References

Please provide the names of three persons not related to you that you have known at least one year

Name	Address	Phone Number	Years Known

Did you complete this application yourself? Yes No If not, who did? _____

Authorization

I certify that all information that I have provided throughout the application process is true and correct to the best of my knowledge, and understand that falsification of this information is grounds for disqualification from future consideration or, if I am employed, will be sufficient cause for immediate dismissal. I authorize Veterans' Cable Services, Inc. to contact prior employers and/or other references concerning previous employment and any other information provided during the application process. This authorization extends to the release of all records of employment and to further answer all questions by Veterans' Cable Services, Inc. concerning my education, abilities, prior employment history, criminal records and all other information personal or otherwise.

I authorize Veterans' Cable Services, Inc. to conduct federal and/or state criminal background checks at the time of my initial employment. I also acknowledge and understand that if hired, Veterans' Cable Services, Inc. will conduct future criminal background checks and drug tests, as deemed necessary, as part of my ongoing employment. I further release service, all parties including Veterans' Cable Services, Inc. from any and all liability or damages on account of having furnished, received or used such information.

Applicants Signature _____ Date _____

Applicants Printed Name _____

FOR OFFICE USE ONLY

Interviewer: _____	Date: _____
Remarks: _____	
<i>Final Disposition:</i> <input type="checkbox"/> Hired <input type="checkbox"/> Review <input type="checkbox"/> Made Offer <input type="checkbox"/> Follow-up w/2nd Interview <input type="checkbox"/> Not Considered <input type="checkbox"/> Applicant Accepted <input type="checkbox"/> Applicant Considering <input type="checkbox"/> Applicant Declined	
Reason(s): _____	