***Wireless Services, Inc.***

**Application for Employment**

P.O. Box 137

Bairdford, PA 15006

|  |  |
| --- | --- |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? |  Yes  No |
| Have you ever filed an application with us before?  If Yes, Give Date: |    Yes  No |
| Do you have a vehicle driver’s license?  If Yes, Give State, License # & Expiration Date: |  Yes  No |
| Are you currently employed? |    Yes  No |
| May we contact your present employer? |    Yes  No |
| Are you prevented from lawfully becoming employed in this country because of  Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment* |    Yes  No     |
| On what date would you be available for work? |  |
| Are you available to work:  Full Time  Part Time  Shift Work  Temporary   | |
| Are you currently on “lay-off” status and subject to recall? |  Yes  No |
| Can you travel if a job requires it? |    Yes  No |
| Have you been convicted of a felony within the last 7 years?  *Conviction will not necessarily disqualify an applicant from employment.* |    Yes  No |
| If Yes, please explain:   | |

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status**.**

(PLEASE PRINT)

Position(s) Applied For Date of Application

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about us? |  | | |
| Advertisement | Friend |  | Walk-In |
| Employment Agency |  Relative |  | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name First Name Middle Name | | | |
| Address *Number Street City State Zip Code* | | | |
| Telephone Number (s)  Cell Phone Number | Social Security Number | | |
|  |  |  |

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**We are an Equal Opportunity Employer.**

**Education**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Elementary School | | | | | High School | | | | Undergraduate  College/University | | | | Graduate/  Professional | | | |
| School Name and Location |  | | | | |  | | | |  | | | |  | | | |
| Year Completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma/Degree |  | | | | |  | | | |  | | | |  | | | |
| Describe Course of Study | | | | | |  | | | |  | | | |  | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. |  | | | | | | | | | | | | | | | | |
| Describe any honors you may have received. |  | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful in considering your employment application. |  | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate any foreign languages you can speak, read, and/or write. | | | |
|  | Fluent | Good | Fair |
| Speak |  |  |  |
| Read |  |  |  |
| Write |  |  |  |

List any professional, trade, business, or civic activities and offices held.

*You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status*

**References**

Give name, address, and telephone number of three references that are not related to you and are not previous employers.

1.

2.

3.

Have you ever had any job-related training in the United States military?  Yes  No

If yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes  No

If yes, please describe

**Employment Experience**

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Employer: | | Dates Employed | | Work Performed |
| To | From |
| Address: | |  |  |  |
| Telephone number(s) | | Hourly Rate/Salary | |  |
| Starting | Final |
| Job Title | Supervisor |  |  |  |
| Reason for Leaving | | | |  |
| 2. Employer: | | Dates Employed | | Work Performed |
| To | From |
| Address: | |  |  |  |
| Telephone number(s) | | Hourly Rate/Salary | |  |
| Starting | Final |
| Job Title | Supervisor |  |  |  |
| Reason for Leaving | | | |  |
| 3. Employer: | | Dates Employed | | Work Performed |
| To | From |
| Address: | |  |  |  |
| Telephone number(s) | | Hourly Rate/Salary | |  |
| Starting | Final |
| Job Title | Supervisor |  |  |  |
| Reason for Leaving | | | |  |
| 4. Employer: | | Dates Employed | | Work Performed |
| To | From |
| Address: | |  |  |  |
| Telephone number(s) | | Hourly Rate/Salary | |  |
| Starting | Final |
| Job Title | Supervisor |  |  |  |
| Reason for Leaving | | | |  |

*If you need additional space, please continue on a separate piece of paper.*

**Special Skills and Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experience.

**Applicant’s Statement**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further release the Company, previous employers, references and all persons contacted from any liability for damages incurred while verifying the accuracy of the information provided.

This application for employment shall be considered active for a period of time not to exceed 45 days from date of receipt. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further

understood that this “at will” employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by either the President or Vice

President-Operations of Wireless Services, Inc.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my termination of employment. I also understand that I am required to abide by all policies and procedures along with all rules and regulations of Wireless Services, Inc and failure to comply may result in my termination of employment.

I understand that if I leave Wireless Services, Inc. willingly or by termination within the first 90 days of employment, I am responsible for all costs of the pre-employment physical and drug screening.

I have read this statement and accept the terms and conditions described.

Signature of Applicant Date

**For Human Resources Department Use Only**

Arrange Interview  Yes  No

Remarks:

Interviewer

Job Title Hourly Rate/Salary

By

Name and Title

\_Department

Date

Date

**NOTES**: