

Application for Employment (PRE-EMPLOYMENT QUESTIONAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORM	IATION					
				DATE	Ξ	
NAME			SSN#			
LAST, FIRST, MII	DDLE					
PRESENT ADDRESS						
	STREET	CITY		STATE		ZIP
PERMANENT ADDRESS						
	STREET	CITY		STATE		ZIP
PHONE NO.	ARE YOU 18 YEARS O	OR OLDER		YES	NO	
CELL NO.	EM	MAIL:				
ARE YOU PREVENTED FROM LAWF IN THIS COUNTRY BECOUSE OF VIS				YES	NO	
IN THIS COUNTRY BECOUSE OF VIS	SA OK IMMIORATION ST	A105?		112.5	NU	
EMPLOYMENT DES	SIRED					
December	DATE YOU			SALAR		
POSITION	CAN START			DESIRE	D	
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUI OF YOUR PRESENT E					
EVER APPLLIED TO THIS COMPANY	BEFORE?					
REFERRED BY?						
						_
EDUCATION NAME	AND LOCATION OF SCH	OOL	DID YOU	GRADU	ATE?	
GRAMMAR SCHOOL			YES		NO	
HIGH SCHOOL			YES		NO	
			YES		NO	
COLLEGE			T LO		110	
SPECIAL TRANNING / CERTIFICATE	S		YES		NO	

BACKGROUND

What was the most difficult job you've ever had? Why?

SPECIAL SKILLS

FORMER EMPLOYERS (LIST 3 EMPOLYER, STARTING WITH THE MOST RECENT)

Name of Employer				Position Title	
Date Hired	Lest Dete of Freedoment	D f	1		
Date Hired	Last Date of Employment	Reason for	leaving?		
Super visor's Name			Supervisor's Phone Num	ıber	May we contact them?
					Yes or No

Name of Employer				Position Title	
Date Hired	Last Date of Employment	Reason for	leaving?		
Super visor's Name	1	•	Supervisor's Phone Num	ıber	May we contact them? Yes or No

Name of Employer				Position Title	
Date Hired	Last Date of Employment	Reason for	leaving?		
Super visor's Name			Supervisor's Phone Nurr	ıber	May we contact them? Yes or No

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DO YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS WHOM YOU HAVE KNOW ALEAST ONE YEAR NO RELITVES

2.

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS (FILLIN STATE) IT IS UNLAWFUL IN THE STATE______TO REQUIRE OR ADMINISTER A LIE SETECTOR TEST AS A CONDITION OF EMPLYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT
IN CASE OF
EMERGENCIES NOTIFY
NAME ADDRESS PHONE NO.
"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I

TCERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND T UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATION ARE DISCOVERS. MY APPLICATION MY BE REJECTED AND, IF I AM 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 THE COMPANY'S OPITION.I ALSO UNDERSTAND AND AGREE THAT THE TREMS AND CONDITIONS OF MY EMPLOYMENT MAY CHANGE WITH OR WITHOUT CAUSE AND WITH NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SINGED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGIONG.

DATE

SIGNATURE

Braodband Telecom Services, Inc. is committed to providing equal employment opportunity regardless of race, color, age, national origin, religion, sex, disability or sexual orientation. Broadband Telecom Services, Inc. provides equal opportunity in accord with federal and state laws.