



**EMPLOYMENT APPLICATION**

**DATE:** \_\_\_\_\_

Skyhawk Telecom is committed to providing equal employment opportunities, without regard to race, color, sex, age, disability, religion, national origin, martial status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

Please answer all questions and complete all sections of the Employment Application fully. The application is a legal document, and as such must be completed by all applicants whether or not you have submitted a resume or attached same. Your assistance is greatly appreciated.

<b>Personal Information (please print):</b>	
<b>Name:</b> Last, First, Middle Initial	<b>Social Security Number:</b>
<b>Address:</b> Street	<b>Daytime Phone:</b>
<b>Address:</b> City, State, Zip	<b>Evening Phone:</b>
<b>Email Address:</b>	<b>Cell Phone or Pager:</b>

<b>Employment Desired</b>	
<b>Position(s) applied for:</b>	<b>Salary Desired:</b>
<b>What days are you available to work?</b>	<b>What hours are you available to work?</b>
<b>If hired, what date are you available to start work?</b>	
<b>Are you available to:</b> Work Weekends: yes <input type="checkbox"/> no <input type="checkbox"/> Work Overtime: yes <input type="checkbox"/> no <input type="checkbox"/> Travel: yes <input type="checkbox"/> no <input type="checkbox"/>	
<b>How did you hear about this opening at Skyhawk Telecom? Who referred you to us?</b>	<b>Are you at least 18 years old?</b> yes <input type="checkbox"/> no <input type="checkbox"/>
<b>Have you been previously employed by Skyhawk Tech.?</b> *yes <input type="checkbox"/> no <input type="checkbox"/>	*If yes, title of last position held: *If yes, dates of employment:
<b>Do you have the legal right to work in the United States?</b> yes <input type="checkbox"/> no <input type="checkbox"/> If hired, you will be required to provide proof of identity and legal authority to work in the United States.	

<b>Paycheck Delivery (please check one)</b>	<input type="checkbox"/> <b>Mail</b>	<input type="checkbox"/> <b>Pick Up</b>
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It is the policy of Skyhawk Telecom to comply with all relevant and applicable provisions of the Americans with Disabilities Act (ADA). Skyhawk Telecom will not discriminate against any qualified applicant because of an individual's physical or mental disability. Skyhawk Telecom also will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require undue or significant difficulty or expense.

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)?      yes <input type="checkbox"/> *no <input type="checkbox"/>	*If no, please describe the functions that cannot be performed:
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Skyhawk Telecom will not deny employment solely on the grounds of conviction of a criminal offense. Each situation will be considered on a case by case basis; and as such the nature, date and surrounding circumstances and relevance of the offense(s) may be considered.

<b>Have you ever been convicted of a criminal offense(s) (felony)?</b> *yes <input type="checkbox"/> no <input type="checkbox"/>	*If yes, please describe the nature and date(s) of the offense(s):
<b>Have you ever been convicted of a criminal offense(s) (Misdemeanor)?</b> *yes <input type="checkbox"/> no <input type="checkbox"/>	*If yes, please describe the nature and date(s) of the offense(s):

<b>Education</b>				
<b>School</b>	<b>Name of Institution City, State</b>	<b>Last year completed</b>	<b>Did you graduate</b>	<b>Degree or diploma received</b>
<b>High School</b>		9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>College/ Vocational</b>		1 2 <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Employment History:</b> Please start with your most recent employer	
<b>Company Name:</b>	<b>Dates of employment:</b>
<b>City, State</b>	<b>Title:</b>
<b>Phone number:</b>	<b>Name and title of your supervisor:</b>
<b>May we contact this employer for a reference?:</b> yes <input type="checkbox"/> no <input type="checkbox"/>	<b>Starting Salary:</b>
<b>Reason for leaving:</b>	<b>Ending Salary:</b>

<b>References:</b> Please list 2 individuals, not related to you, who have direct knowledge of your work performance within the last 3-5 years.	
<b>Name:</b>	<b>Phone Number:</b>
<b>Company during work relationship:</b>	<b>Current Company (if different):</b>
<b>Title during your relationship:</b>	<b>Number of years acquainted:</b>
<b>Nature of relationship (i.e. supervisor, colleague, subordinate etc.):</b>	

<b>Name:</b>	<b>Phone Number:</b>
<b>Company during work relationship:</b>	<b>Current Company (if different):</b>
<b>Title during your relationship:</b>	<b>Number of years acquainted:</b>
<b>Nature of relationship (i.e. supervisor, colleague, subordinate etc.):</b>	

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true, complete and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. Further, I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to alter the at will relationship between me and company. I also understand that this application shall be considered active for a period of time not to exceed 90 days.

<b>Signature:</b>	<b>Date:</b>
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