



Please mail or fax application to:
Communication Cabling Specialists, Inc.
 P.O. Box 987
 Tyrone, Georgia 30290
 770-774-0767

CCS APPLICATION FOR EMPLOYMENT

APPLICANTS WILL BE TESTED FOR DRUGS PRIOR TO EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you a U.S. Citizen? Yes No

Date of Birth: ____/____/____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thursday _____
 Monday _____ Friday _____
 Tuesday _____ Saturday _____
 Wednesday _____

How many hours can you work weekly? _____

Can you work nights? Yes No

Employment desired FULL-TIME ONLY

PART-TIME ONLY

FULL- OR PART-

TIME

Can you work overtime? Yes No When available _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A VALID GEORGIA DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____
Position _____ Position _____
Company _____ Company _____
Address _____ Address _____
Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Large empty box for additional information]

CCS APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

List three job references:

PLEASE READ CAREFULLY

COMMUNICATION CABLING SPECIALISTS, INC
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Communication Cabling Specialists, Inc. (hereinafter called "CCS"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other CCS practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CCS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of CCS. If employed, I understand that CCS may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give CCS permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release CCS from any liability as a result of such contract.

I also understand that (1) CCS is a drug-free company & has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment ; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. Employees in the field must be able to lift at least 50lbs or more & climb ladders.

I understand that, in connection with the routine processing of your employment application, CCS may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, CCS will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CCS shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the CCS is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

CCS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with CCS depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Consumer reports and Investigative Consumer Reports
Disclosure Notice and Authorization

Disclosure:

This form is to notify you that a Consumer Report and/or an Investigative Consumer Report may be obtained as part of a background check for your employment process. A "consumer report" is any written, oral, or other communication bearing on reputation, personal characteristics and/or mode of living. An "investigative consumer report" contains information which is obtained through personal interviews with your business associates, family members, friends, neighbors, or other third parties with whom you are acquainted. This information will include inquiries regarding your personal characteristics and/or mode of living.

If any adverse employment decision is made based on the information contained in a consumer report or an investigative consumer report, you will be given a copy of the report as well as a summary of your rights under the Fair Credit Reporting Act.

Authorization:

By my signature below, I authorize PCG Screening Services, LLC to receive & release information in connection with my application for employment. I authorize all law enforcement agencies and courts to release all written and verbal information about me to include criminal history record information and driving license history record information. I further authorize the performance of, the procurement of and the release of consumer reports and/or investigative consumer reports. I further understand that any and all information contained in my job application may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports and I confirm that all such information is true and correct. This authorization is good for 180 days from date of signature and if hired, will remain in effect for periodic background checks for the duration of my employment with this company. Facsimile and electronic signature, when used, shall be deemed legal, valid and binding upon the signing party to this agreement. I understand that I am not required to use facsimile or electronic signatures; at my option, I may elect to sign on paper and mail this form.

*Will you be working with: (circle all that apply) **(M-mentally disabled) (N-elder care) (W-children)**

*****BLACK INK ONLY*****

APPLICANT'S FULL NAME:

MAIDEN NAME or OTHER NAME USED: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE # _____ STATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

NOTARY (if applicable): _____

___ California, Minnesota, and Oklahoma residents only: Please check here if you would like a copy of your report sent directly to the address listed above.