

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

Position Applying for: \_\_\_\_\_

Please answer all questions. Resumes are accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you answer all questions.

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Last Name	First	Middle Initial	Social Security Number
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Present Address	City/State/ZIP	Telephone Number
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Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you ever been convicted of a crime?  Yes  No If yes, please give dates and explain. (Attach separate sheet, if necessary). A conviction does not automatically mean you will not be hired. The basis of your conviction and how long ago are important. Give all of the facts so that an informed decision can be made:

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Are you 18 years of age or over?  Yes  No Date available for employment: \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner, the activities involved in the position in which you have applied for?  Yes  No If yes, please explain: \_\_\_\_\_

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### EDUCATIONAL DATA

School	Print Name and Address for each School	Number of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence				

Special Skills: List any job-related skills or qualifications that support your application: \_\_\_\_\_

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Honors Received: \_\_\_\_\_

In order to permit a check of your work and educational records, should we be aware of any change of name or assumed name that you previously used?  Yes  No If yes, please identify names and relevant dates: \_\_\_\_\_

Have you had prior educational experience which relates to the job for which you are applying?

Yes  No If yes, describe: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

LIST ALL FORMER JOBS (most recent first). Account for all time periods, including unemployment, self-employment and military service. Attach separate sheet(s), if necessary.

EMPLOYER	Date Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed:			
Reason for Leaving:			

EMPLOYER	Date Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed:			
Reason for Leaving:			

EMPLOYER	Date Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed:			
Reason for Leaving:			

EMPLOYER	Date Employed		Immediate Supervisor
	From	To	
Address			
Job Title	Hourly Rate/Salary		Telephone Number
	Starting	Final	
Work Performed:			
Reason for Leaving:			

**EMPLOYMENT HISTORY**

Please list reason(s) for any lapse in employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed or forced to resign from employment?  Yes  No If yes, please explain: \_\_\_\_\_

May we contact your present employer?  Yes  No Previous Employers?  Yes  No

Please identify any exceptions and reasons for not contacting present or prior employers. \_\_\_\_\_

Do you have a valid driver's license?  Yes  No State Issued: \_\_\_\_\_ License #: \_\_\_\_\_

Do you have reliable means of transportation?  Yes  No

Would you work nights?  Yes  No

Are there any hours, shifts, or days that you will not work?  Yes  No If yes, please explain: \_\_\_\_\_

Do you have any friends or relatives who work here?  Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No

#### REFERENCES

List three persons, not relatives, whom you have known at least one year.

NAME	ADDRESS & TELEPHONE	OCCUPATION

**NOTICE TO APPLICANTS:** This company complies with the Americans with Diabetes Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and examination, and all information will be kept confidential and in separate files.

#### APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give permission to contact schools, previous employers, references, and others in order to verify the facts and information furnished with regard to my character and qualifications, and hereby release and indemnify this company from any claims or liability as a result of such contact. I also hereby release employers, schools, and other persons from all liability in responding to inquiries in connection with this application. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In

addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause of dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanencies of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws and employee policies, conformity to our work rules, job performance, etc. and, of course, employees may elect to leave on their own accord to seek other jobs.

If I am offered and accept employment with the aforementioned company, I understand that my employment is for no specific term and may be terminated by myself or the employer with or without notice or cause at any time. I further understand that an oral promise, policy, custom, business practice, or other procedure (including any employee handbook or any personnel manuals) does not constitute an employment contract or modification of the at-will employment relationship between myself and this employer.

The contents of any employee handbook or personnel manuals are subject to change or modification, without notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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Upon completing this form, you may email it to [careers@hightowernc.com](mailto:careers@hightowernc.com), or you may fax it to (252) 566-0386. Please be sure to include an updated resume and a list of work references when submitting this application. Thank you for your interest in Hightower Communications.