



HP COMMUNICATIONS, INC. EMPLOYMENT APPLICATION



Biographical Data (Please Print)

NAME (First)	(Last)	(MI)	PHONE #
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Please list current and previous addresses going back 3 years

Current Address (Number/Street/Apt#)	City	State	Zip Code
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Date	Previous Address (Number/Street/Apt#)	City	State	Zip Code
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Date	Previous Address (Number/Street/Apt#)	City	State	Zip Code
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Were you previously employed at HP Communications, Inc? YES NO

If yes, please provide the approximate dates: _____ - _____ - _____ - _____ - _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES NO	Place of Birth (City, State, Country)	Social Security #
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How were you referred to this company?	Can you travel on a weekly basis?	Can you work overtime?	Are you willing to relocate?
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Hourly pay expected?	Position desired?	When can you start?
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Education

Name of Institution	City	State	Course of Study	Years completed	Date completed	Diploma/Degree?
High School						
College						
Trade School						

Additional Data

Specific Job Skills / Certificates / Training / Equipment Operated	Do you hold a valid Driver's License? YES NO	Driver's License #	Driver's License Class
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	List restrictions on your license if any	Issuing State	Expiration Date
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	Has your driver's license ever been denied, revoked, or suspended? If yes, please explain	NO _____ YES _____
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Do you have any physical conditions which may limit your ability to perform the duties of the position for which you are applying? If yes, please explain	
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List of all motor vehicle accidents in the past 3 years.	List of all vehicle violations in the past 3 years.
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Date	Nature of Incident	Fatalities?	Injuries?	Date	Violation



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Employment History - Please list current and previous Employment going back 7 years

Present or Last Employer

Name of Employer		From	To	Phone #
Address (Number/Street/Suite#)		City	State	Zip Code
Position Title	Name & Title of Supervisor			
Description of Duties				
Reason for Leaving				

Next Previous Employer

Name of Employer		From	To	Phone #
Address (Number/Street/Suite#)		City	State	Zip Code
Position Title	Name & Title of Supervisor			
Description of Duties				
Reason for Leaving				

Next Previous Employer

Name of Employer		From	To	Phone #
Address (Number/Street/Suite#)		City	State	Zip Code
Position Title	Name & Title of Supervisor			
Description of Duties				
Reason for Leaving				

Next Previous Employer

Name of Employer		From	To	Phone #
Address (Number/Street/Suite#)		City	State	Zip Code
Position Title	Name & Title of Supervisor			
Description of Duties				
Reason for Leaving				



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Next Previous Employer			
Name of Employer	From	To	Phone #
Address (Number/Street/Suite#)		City	State Zip Code
Position Title	Name & Title of Supervisor		
Description of Duties			
Reason for Leaving			

Next Previous Employer			
Name of Employer	From	To	Phone #
Address (Number/Street/Suite#)		City	State Zip Code
Position Title	Name & Title of Supervisor		
Description of Duties			
Reason for Leaving			

Military Experience				
US Military Branch	Military Rank	Active Duty Date	Discharge Date	Wars/Conflicts served if any
Training / Specialty				

Personal References			
Name	Address	Years Known	Phone #

Acknowledgement
<p>I understand that any employment or the offer of employment arising out of this Employment Application will be subject to satisfactory verification of the job qualifications which may include academic credentials, licenses, professional designations, and employment history. I authorize this company to contact any of the schools or former employees I have listed. I authorize any former employer(s) to furnish employment information, and I authorize any former school(s) to furnish academic information. I release said employer(s) and school(s) and their agents from all liability arising out of providing such information.</p> <p>I Grant permission to HP Communications, Inc. to contact my present employer. Please Check One: YES _____ NO _____</p> <p>I also understand that employment with this company is for no fixed period of time and may be terminated by me or this company at any time for any reason not specifically prohibited by law, with or without notice. No oral representation to the contrary has been made to me, and i further understand that no employee of this company is authorized to make such representation.</p> <p>I hereby certify that the information contained in this Employment Application is true and accurate. I understand that if I become employed, any misrepresentation of facts on this Employment Application is sufficient cause for immediate dismissal.</p> <p>I hereby certify that this applications was completed by me.</p> <p>Date _____ Signature of Applicant _____</p>