

### HP COMMUNICATIONS, INC. EMPLOYMENT APPLICATION



Biographical Data (Please Print)	(T a)		2.0	HOME BHONE #		
NAME (First)	(Last)		(MI)	HOME PHONE #		CELL PHONE #
Please list current and previous ad	ldresses going					
Current Address (Number/Street/Apt#)		City			State	Zip Code
Date Previous Address (Number/Street/Ap	t#)	City			State	Zip Code
Date Previous Address (Number/Street/Ap	4#)	City			State	Zip Code
Date Previous Address (Number/Street/Ap	(#)	Спу			State	ZipCode
Were you previously employed at HP Communication	iona Ina?	YES NO				
were you previously employed at the Communication	ions, me	IES NO				
If yes, please provide the approximate dates:		-		-		-
Are you prevented from lawfully becoming employe	ed in this country	Place of Birth (City, State, Co	ountry)		Social Securi	tv #
because of visa or immigration status?	a in this country	The of Dian (Chy, Suite, Co	, uniti j )		Boelai Beean	
YES NO	)					
How were you referred to this company?		Can you travel on a weekly ba	asis?	Can you work overtime?		Are you willing to relocate?
				-		
Hourly pay expected?		Position desired?			When can yo	u start?

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

Additio	onal Data						
Specific Job Skills / Certificates / Training / Equipment Operated			Do you hold a vaild Driver's License? Driver's License # Driver's License				
				YES	NO		
				List restriction	ons on your license if any	Issuing State	Expiration Date
				Has your driv If yes, please	ver's license ever been deniec explain	I, revoked, or suspended?	NO YES
	ve any physical conditions which may limit your ability you are applying? If yes, please explain	it to perform the duties of	f the position				
List of all	motor vehicle accidents in the past 3 years.			List of all vel	hicle violations in the past 3	years.	
Date	Nature of Incident	Fatalities?	Injuries?	Date	Violation		



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EMPLOYMENT APPLICATION



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

Present or Last Employer				
Name of Employer		From	То	Phone #
Address (Number/Street/Suite#)	City		State	Zip Code
Position Title	Name & Title of Supervisor	r		
Description of Duties				
Reason for Leaving				
Next Previous Employer				
Name of Employer		From	То	Phone #
Address (Number/Street/Suite#)	City		State	Zip Code
Position Title	Name & Title of Supervisor	r		
Description of Duties	<u> </u>			
Reason for Leaving				
Next Previous Employer				
Next Previous Employer Name of Employer		From	То	Phone #
	City	From	To State	Phone # Zip Code
Name of Employer	City Name & Title of Supervisor			
Name of Employer Address (Number/Street/Suite#)				
Name of Employer Address (Number/Street/Suite#)				
Name of Employer Address (Number/Street/Suite#) Position Title				
Name of Employer Address (Number/Street/Suite#) Position Title Description of Duties Reason for Leaving				
Name of Employer Address (Number/Street/Suite#) Position Title Description of Duties				
Name of Employer Address (Number/Street/Suite#) Position Title Description of Duties Reason for Leaving Next Previous Employer			State	Zip Code
Name of Employer Address (Number/Street/Suite#) Position Title Description of Duties Reason for Leaving Next Previous Employer Name of Employer	Name & Title of Supervisor	From	То	Zip Code
Name of Employer Address (Number/Street/Suite#) Position Title Description of Duties Reason for Leaving Next Previous Employer Name of Employer Address (Number/Street/Suite#)	Name & Title of Supervisor	From	То	Zip Code



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

Next Previous Employer				
Name of Employer		From	То	Phone #
Address (Number/Street/Suite#)	City		State	Zip Code
Position Title	Name & Title of Supervisor	ī.		
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			. <u></u>	

Personal References			
Name	Address	Years Known	Phone #

#### Acknowledgement

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. I release said employer(s) and school(s) and their agents from all liability arising out of providing such information.
I Grant permission to HP Communications, Inc. to contact my present employer. Please Check One: YES NO
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.
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.
I hereby certify that this application was completed by me.

Date

Signature of Applicant