

CCI OF ARKANSAS, INC.

8220 MacArthur Drive, North Little Rock, AR 72118
501.753.1940 FAX 501.753.1906

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of CCI of Arkansas, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

How Did You Find CCI Of Arkansas? Newspaper? _____ Flyer? _____

Sign in Front of Business? _____ Referral? _____ If so, by Whom? _____

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible, incomplete, or fraudulent information may prevent us from considering your application for employment. Please fill in all blanks, if a question is not applicable, please use N/A for an answer.

PERSONAL DATA

LAST FIRST NAME MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

Yes No

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____
(IF NOT AN ARKANSAS LICENSE, YOU ARE REQUIRED BY LAW TO POSSESS AN ARKANSAS LICENSE WITHIN 90 DAYS FROM EMPLOYMENT DATE.)

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No
IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLIED FOR (Please be Specific on Position Title): _____
IF THE POSITION YOU ARE APPLYING FOR IS A LICENSED POSITION, PLEASE INDICATE LICENSE NUMBER AND EXPIRATION DATE IF APPLICABLE

ARE YOU WILLING TO WORK EXTENDED HOURS, INCLUDING NIGHTS AND WEEKENDS? Yes No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? Yes No

IF YES, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No

IF YES, GIVE NAME, RELATIONSHIP, POSITION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? Yes No
IF YES, WHEN? (MO.) _____ (YR.) _____

EDUCATION

LAST HIGH SCHOOL ATTENDED w/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

COLLEGE OR UNIVERSITY w/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

OTHER (Technical, Vocation, Graduate, etc. w/complete address)

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? Yes No

MAJOR _____

DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS YOU MAY HAVE:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

_____ Fluent? Yes No

_____ Fluent? Yes No

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

If you do not know a phone number, please ask for a phone book. Please fill in all blanks.

FULL NAME OF COMPANY		TELEPHONE	SALARY	
DATES EMPLOYED: BEGIN: _____	END: _____	MAY WE CONTACT FOR VERIFICATION?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF SUPERVISOR	YOUR POSITION TITLE			
REASON FOR LEAVING				

PREVIOUS EMPLOYER

FULL NAME OF COMPANY		TELEPHONE	SALARY	
DATES EMPLOYED: BEGIN: _____		END: _____	MAY WE CONTACT FOR VERIFICATION?	Yes No
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME OF SUPERVISOR		YOUR POSITION TITLE		
REASON FOR LEAVING				

PREVIOUS EMPLOYER

FULL NAME OF COMPANY		TELEPHONE	SALARY	
DATES EMPLOYED: BEGIN: _____		END: _____	MAY WE CONTACT FOR VERIFICATION?	Yes No
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME OF SUPERVISOR		YOUR POSITION TITLE		
REASON FOR LEAVING				

PREVIOUS EMPLOYER

FULL NAME OF COMPANY		TELEPHONE	SALARY	
DATES EMPLOYED: BEGIN: _____		END: _____	MAY WE CONTACT FOR VERIFICATION?	Yes No
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME OF SUPERVISOR		YOUR POSITION TITLE		
REASON FOR LEAVING				

OTHER EMPLOYMENT

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART-TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? π Yes π No

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED, OR TERMINATED? π Yes π No

IF YES, PLEASE EXPLAIN:

SKILLS

SKILLS

ELECTRICIAN LICENSE _____ DATE OF TRAINING OR COMPANY _____

COPPER CABLING AND TERMINATION _____ DATE OF TRAINING OR COMPANY _____

FIBER OPTIC CABLING AND TERMINATION _____ DATE OF TRAINING OR COMPANY _____

EQUIPMENT AND/OR RELATED PROGRAMS USED: _____

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY.

1. _____

2. _____

3. _____

4. _____

JOB DUTIES / PHYSICAL REQUIREMENTS

BELOW IS A LIST OF ACTIVITIES REQUIRED DURING THE NORMAL WORK DAY. PLEASE INDICATE IF YOU HAVE ANY RESTRICTIONS OR IMPAIRMENTS THAT WOULD PROHIBIT YOU FROM PERFORMING THE FOLLOWING DUTIES:

<u>ACTIVITY</u>	<u>DURATION</u>	<u>RESTRICTIONS (YES OR NO. IF YES, PLEASE INCLUDE EXPLANATION)</u>
SITTING	30 MINUTES	<u>No Yes</u>
STANDING	UP TO 8 HRS PER DAY	<u>No Yes</u>
WALKING	UP TO 8 HRS, 1 -2 MILES PER DAY	<u>No Yes</u>
PUSHING	2 – 3 HRS PER DAY	<u>No Yes</u>
PULLING	2 – 3 HRS PER DAY, UP TO	<u>No Yes</u>
	150 – 150 LBS. TORQUE	<u>No Yes</u>
CLIMBING	AVG OF 2 HRS PER DAY	<u>No Yes</u>
BENDING	2 HRS PER DAY	<u>No Yes</u>
KNEELING	2 HRS PER DAY	<u>No Yes</u>
SQUATTING	2 HRS PER DAY	<u>No Yes</u>
GRASPING	2 – 3 HRS PER DAY	<u>No Yes</u>
REACHING	AVG OF 4 HRS PER DAY	<u>No Yes</u>
HEAVY WORK	LIFTING UP TO 100 LBS MAX	<u>No Yes</u>
	AND/OR 50 LBS FREQUENTLY	<u>No Yes</u>

ARE YOU CURRENTLY ON ANY PRESCRIPTION MEDICATION WHICH COULD PREVENT AND/OR YOUR ABILITY TO PERFORM ANY OF THE ABOVE ACTIVITIES? NO YES (IF YES, PLEASE EXPLAIN BELOW)

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____

MILITARY OCCUPATION: _____

DATE OF ENTRY INTO ACTIVE DUTY: _____ / _____ DATE OF SEPARATION: _____ / _____
(MONTH/YEAR) (MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: _____

Request for Police Records – To Be Completed Upon Request Only

I hereby authorize you to request and receive copies of my criminal records by mail or fax from any criminal records department and receive this information at this address:

CCI of Arkansas, Inc., 8220 MacArthur Drive, NLR, AR 72118

X _____ Date _____
Applicant Signature

To be completed by Notary Public :

State _____
County _____

The foregoing was acknowledged before me this _____ day of _____ 20____.

Notary Public: _____

My commission expires: _____

APPLICANT'S CERTIFICATION AND AGREEMENT
PLEASE READ CAREFULLY AND COMPLETELY.

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and **I ALSO AUTHORIZE AND REQUEST** each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AUTHORIZE the Company to at this time, or at any time during my employment, conduct a verification of my credit history, motor vehicle records, contact personal references, investigate worker's compensation claims and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any information as seemed necessary to fulfill the job requirements.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the **OWNER** of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

I wish to volunteer the following information (check one)__

I do not qualify

I do qualify under the following:

- Handicapped
- Vietnam Era Veteran
- Disabled Veteran

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

APPLICANT:

Signature: _____ SS#: _____

Name typed or printed: _____ Date: _____

Address: _____ Drivers Lic#: _____ Type: _____ State: _____

City: _____ State/Zip: _____ Date of Birth: _____

*Note that Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.