

WCC Cable inc. 4809 Ewell Rd. Fredericksburg, VA 22408 540-898-9315

It is the policy of WCC Cable, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

	Application Information		
	Full Name:		
	me Adress:		
	//State/Zip:		
	hone Number:		
Dri	ivers License		
	Number:	_	
2.	Job Position Appling For:		
3.	Are you at least 18 years of age? Yes No		
4.	Are you willing to work any shift, including night s Yes No	shifts, weekend	ds?
	If no, please state any limitations		
5.	If applicable, are you available to work overtime?	? Yes No	)
6.	If offered employment, when are you available to	begin work?	
7.	If hired, are you able to submit proof that you are employment in the United States? Yes N		e for
8. Have you ever been convicted of a felony or misdemeanor?			
	Yes, I was convicted of		(date)
	in (city) (state)		_ , ,
	, _,		
	No		

## 9. Employment History

List your current or most recent employment first, then any other means of employment (Including self-employment and military service). Also please explain and gaps of employment

Employer Name	
Supervisor Name	
Address	
City / State / Zip	
Job Duties	
Reasons for leaving	
Date of Employment	
Employer Name	
Supervisor Name	
Address	
City / State / Zip	
Job Duties	
Reasons for leaving	
Date of Employment	
Familian Name	
Employer Name	
Supervisor Name	
Address	
City / State / Zip	
Job Duties	
Reasons for leaving	
Date of Employment	
Employer Name	
Supervisor Name	
Address	
City / State / Zip	
Job Duties	
Reasons for leaving	
Date of Employment	
Reasons for dans of em	nployment:
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## 10. Education and Training

College/University Name & Address :	
Degree Received? YesNo	If Yes, What Degree was received?
High school/GED Name and Address:	
Degree Received?YesNo	If Yes, What Degree was received?
Other Training:	
Current Professional license / Certificate:	
Awards/Honors/ Special Achevements:	
Military Service:	YesNo
Branch:	
Specialized Training:	
11. References	
Name:	
Relation:	
Address:	
City / State / Zip:	
Phone Number:	
Name:	
Relation:	
Address:	
City / State / Zip:	
Phone Number:	

## Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize *WCC Cable, Inc.* to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grade. I authorize those people designated as references to fully and freely communicate information regarding my previous employment and education

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on the behalf of the organization by the President, the employment relationship will be "at-will". In other word the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of WCC Cable, has the power to alter or vary the voluntary nature of the employment relationship.

## I HAVE CAREFULLY READ THE ABOVE CERTIFICATION. I UNDERSTAND AND AGREE TO ITS TERMS

Signature
Date