

# ROC WIRELESS INC.

Employment Application



## APPLICANT INFORMATION

Last Name:		First:		Middle Initial:	Date
Street Address:					
City:			State:	ZIP:	
Phone			E-mail Address:		
Date Available:		Social Security No.:		Desired Rate of Pay:	
Position Applied for:					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what state is it issued in:		
Do you have a clean driving record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:		

## EDUCATION

High School				Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address		
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## CERTIFICATIONS / TRAINING

*(Please check all that apply)*

First Aid / CPR <input type="checkbox"/>	Competent Climber <input type="checkbox"/>	Fiber Testing <input type="checkbox"/>	PIM Testing <input type="checkbox"/>
OSHA 10 hr Safety Course <input type="checkbox"/>	Competent Rescuer <input type="checkbox"/>	Anritsu <input type="checkbox"/>	Comtrain <input type="checkbox"/>
OSHA 30 hr Safety Course <input type="checkbox"/>			
Other: <input type="checkbox"/>	Type of Certification/ Training:		
Other: <input type="checkbox"/>	Type of Certification/ Training:		

**PREVIOUS EMPLOYMENT**

Company:			Phone#:			
Address:			Supervisor:			
Your Job Title:		Starting Salary	\$	Ending Salary		\$
Responsibilities:						
From	To	Reason for Leaving:				
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Company:			Phone#:			
Address:			Supervisor:			
Your Job Title:		Starting Salary	\$	Ending Salary		\$
Responsibilities:						
From	To	Reason for Leaving:				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Company			Phone			
Address			Supervisor			
Job Title		Starting Salary	\$	Ending Salary		\$
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						

**PROFESSIONAL REFERENCES**

Name:	Company:	Contact Number:
Name:	Company:	Contact Number:

PREVIOUS EXPERIENCE			
Skill Level (please check all that apply)	Minimal Knowledge	Moderate Knowledge	Advanced Knowledge
Guy Tower Installation			
Self Support Tower Installation			
Monopole Installation			
Antenna / Line Installation			
Microwave Dish Installation			
Path Alignment			
Tower Rigging			
Sweeping Lines			
PIM Testing			
CommScope Cable Connectors			
JMA/PPC Cable Connectors			
Foundation Installation			
Site Surveying			
Blue Print Reading			
Gin Pole Operation			
Fibre Trunk Installation			
Swing Stages			
Scaffolding			
Aerial Lifts			
Capstan Winch Operation			
Hand Tool Operation			
Power Tool Operation			
Computer Skills			

**DISCLAIMER AND SIGNATURE**

In exchange for the consideration of my job application by ROC WIRELESS INC. (hereinafter called "the Company"), I agree that:  
It is hereby understood and acknowledged that, unless otherwise defined by applicable law, any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.  
I authorize the investigation of all statements contained in this application for employment, as may be necessary to arrive at an employment decision. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.  
I also understand that (1) the Company has a drug policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.  
If this application leads to employment with the Company I understand that false or misleading information in my application or interview may result in my release.  
I further understand that my employment with the Company shall be probationary for a period of six (6) months, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature

Date

Thank you for completing this application form and for your interest in our Company.