



# COMMUNICATION SYSTEMS SPECIALISTS

PO Box 480091 • Coon Rapids, MN 55448

Phone: 763-413-3225 • Fax: 763-219-4669

*An Equal Opportunity Employer*

DATE OF APPLICATION

Month Day Year

POSITION APPLIED FOR

Have you applied here before?  YES  NO

If so, when?

Are you 18 years or older?  YES  NO

WORK PHONE (Include Area Code)

May we call you at work?  YES  NO

## APPLICATION FOR EMPLOYMENT

*Print clearly or type.*



LAST NAME	FIRST NAME	MIDDLE NAME	FORMER NAME(S)
STREET ADDRESS		APT. NO.	HOME PHONE (Include Area Code)
CITY	STATE	ZIP CODE	MOBILE PHONE (Include Area Code)

E-MAIL ADDRESS	EMERGENCY CONTACT NAME	RELATION	PHONE (Include Area Code)
Initial here if you <b>DO NOT</b> authorize CSS to contact you via e-mail regarding your application for this position ►			

DRIVER'S LICENSE NO.	STATE ISSUED	DATE EXPIRES	Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this license valid? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(A license that is currently expired, under suspension, revoked, or under other temporary or permanent driving privilege sanction IS NOT considered valid.)</small>			If not, are you legally authorized to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have relative(s) employed here? If yes, list full name(s): <input type="checkbox"/> YES <input type="checkbox"/> NO	CAREER OBJECTIVE(S)	DESIRED PAY
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Are you available to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF MILITARY SERVED (If Applicable)	FROM (M/D/Y)
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How did you hear about us?	RANK & TYPE OF SERVICE	TO (M/D/Y)
MILITARY TRAINING/EXPERIENCE RECEIVED		

<b>EDUCATION / TRAINING:</b>	Did you graduate from high school or successfully obtain your G.E.D. diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Name & Location of High School:

TYPE OF SCHOOL	NAME & LOCATION	DID YOU GRADUATE?	GRADE AVERAGE	MAJOR / MINOR
Trade School, Junior College, or Other		<input type="checkbox"/> YES <input type="checkbox"/> NO		
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO		

Seminars and Classes:

Professional License(s)  
Or Certification(s):

Software or Equipment:

**WORK EXPERIENCE:** Be complete. Attach additional sheets if necessary (include all information requested below).

PRESENT OR MOST RECENT EMPLOYER		STREET ADDRESS		CITY	STATE	ZIP CODE
JOB TITLE		SUPERVISOR'S NAME		PHONE NO. (Include Area Code)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM	HRS. PER WK.	STARTING PAY		REASON FOR LEAVING		
TO		ENDING PAY				
DUTIES						

SECOND LAST EMPLOYER		STREET ADDRESS		CITY	STATE	ZIP CODE
JOB TITLE		SUPERVISOR'S NAME		PHONE NO. (Include Area Code)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM	HRS. PER WK.	STARTING PAY		REASON FOR LEAVING		
TO		ENDING PAY				
DUTIES						

THIRD LAST EMPLOYER		STREET ADDRESS		CITY	STATE	ZIP CODE
JOB TITLE		SUPERVISOR'S NAME		PHONE NO. (Include Area Code)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
FROM	HRS. PER WK.	STARTING PAY		REASON FOR LEAVING		
TO		ENDING PAY				
DUTIES						

Are you able to perform the essential functions of the job you are applying for?  YES  NO  
 If not, what accommodation(s) would assist you?

REFERENCE NAME	TITLE	YEARS KNOWN	PHONE NO.	COMPANY NAME & ADDRESS

**APPLICANT'S STATEMENT**

I understand that Communication Systems Specialists (hereinafter referred to as "the employer") follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. This application is not a contract of employment.

I understand that Federal law prohibits the employment of unauthorized aliens: All persons hired must submit satisfactory proof of employment authorization and identity—failure to submit each will result in denial of employment.

I understand that this application will be active for one year; after which time, if I wish to continue to be considered for employment, I must submit a new application.

I authorize the employer to thoroughly investigate my work and personal history and to verify all data supplied on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide information requested about me, and I release them from all liability for damage in providing this information. Moreover, I hereby release Communication Systems Specialists and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I certify that all statements made in this application are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I also certify that I have thoroughly read and understand the information contained in this "Applicant's Statement" section.

YOUR SIGNATURE:

TODAY'S DATE: