



51 QSI Lane
 Building #5, Suite 2
 Allison Park, PA 15101
 Office: 724.444.3999
 Fax: 724.443.9169

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:
How did you hear about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name:	First Name:	Middle Name:
Address: <i>Number Street</i>		<i>City State Zip Code</i>
Telephone Number (s):		Cell Phone Number
Social Security Number:		

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, Give Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a vehicle driver's license? If Yes, Give State, License # & Expiration Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	

We are an Equal Opportunity Employer.

Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Year Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors you may have received.				
State any additional information you feel may be helpful in considering your employment application.				

Indicate any foreign languages you can speak, read, and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

<p>List any professional, trade, business, or civic activities and offices held. <i>You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status</i></p>

References

Give name, address, and telephone number of three references that are not related to you and are not previous employers.		
Name: Address: Telephone:	Name: Address: Telephone:	Name: Address: Telephone:

Have you ever had any job-related training in the United States military? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically or otherwise unable to perform the duties of the job for which you are applying? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Experience

Start with your present or last job. Include any job-related military assignments and volunteer activities.
You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer:	Dates Employed: From: To:	Hourly Rate/Salary: Starting: Final:
Address:		
Telephone Number(s):	Job Title:	Supervisor:
Work Performed:		
Reason for Leaving:		

2. Employer:	Dates Employed: From: To:	Hourly Rate/Salary: Starting: Final:
Address:		
Telephone Number(s):	Job Title:	Supervisor:
Work Performed:		
Reason for Leaving:		

3. Employer:	Dates Employed: From: To:	Hourly Rate/Salary: Starting: Final:
Address:		
Telephone Number(s):	Job Title:	Supervisor:
Work Performed:		
Reason for Leaving:		

4. Employer:	Dates Employed: From: To:	Hourly Rate/Salary: Starting: Final:
Address:		
Telephone Number(s):	Job Title:	Supervisor:
Work Performed:		
Reason for Leaving:		

<p>Special Skill and Qualifications. <i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i></p>
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Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further release the Company, previous employers, references and all persons contacted from any liability for damages incurred while verifying the accuracy of the information provided.

This application for employment shall be considered active for a period of time not to exceed 45 days from date of receipt. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the 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 any conduct unless such change is specifically acknowledged in writing by either the President or Vice President-Operations of American Cellular Technical Services Corporation.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my termination of employment. I also understand that I am required to abide by all policies and procedures along with all rules and regulations of American Cellular Technical Services Corporation and failure to comply may result in my termination of employment.

I understand that if I leave American Cellular Technical Services Corporation willingly or by termination within the first 90 days of employment, I am responsible for all costs of the pre-employment physical and drug screening.

I have read this statement and accept the terms and conditions described.

Signature of Applicant

Date

For Human Resources Department Use Only

Arrange Interview:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		
Interviewer:		Date:
Job Title:	Hourly Rate/Salary:	Department:
By (Name and Title):		Date:
Notes:		