## **EMPLOYMENT APPLICATION**

WCC Cable, Inc. 4809 Ewell Rd. Fredericksburg, Virginia 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.

2.	Applicant Information		*			
Ap	plicant Full Name:		V	<del></del>		
	£ 11					
Cit	y/State/ZIP:					60 340 21 4
Day			Evening phone:			
VA	Drivers License #		(DMV F	Record require	ed)	
4.	.Job Position Applie	d For:				
5.	Are you at least 18	years old?Y	esNo			
6.	Are you willing to If no, please state as	work any shift, incluny limitations:	ding nights and w	eekends?	Yes	No
7.	If applicable, are yo	ou available to work	overtime?	Yes No	o	
8.	If you are offered er	nployment, when w	ould you be availa	able to begin	work?	
9.		e to submit proof tha Jnited States?				
10.	Have you ever been	convicted of a felon	y or misdemeanor	?		
	Yes, I was co	onvicted of	(state)	O	n	(date) in
	No					

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

## 11. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

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e a degree? Yes No If yes, degree(s) received:	
e a degree? Yes No If yes, degree(s) received:	
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e a degree? YesNo	
graduate, technical, vocational):	
my current professional licenses or certifications that you hold:	
any current professional licenses or certifications that you hold:	
any current professional licenses or certifications that you hold:	
Special Achievements:	
(graduate, technical, vocational):	

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2.							
Branch:							
Specialized Training:							
13. References	2						
					*		
List any two non-relativ	ves who wo	ıld be willin	ng to mro	vide a ref	erence f	or von	
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Telephone:							
Relationship:							

## 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 grades. I authorize those persons 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 behalf of the organization by its President, the employment relationship will be "at-will." In other words, 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 right. Moreover, no agent, representative, or employee of WCC Cable, Inc., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

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

APPLICANT	SIGNATURE	<i>i</i>	1.50	DATE	