



APPLICATION FOR EMPLOYMENT

Title for which you are applying:

Job Title

WIRED OR WIRELESS, INC.

17813 E Appleway, Spokane Valley, WA 99016

TELEPHONE: (509) 892-5877

PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM

A new application must be submitted for each position for which you are applying. Resumes are not accepted in lieu of an application, but must be attached for supplemental information. The completed application should be submitted to Wired or Wireless, Inc. at 17813 E. Appleway, Spokane Valley, WA 99016.

This application form is an important part of the employment process. Candidates for any position may be eliminated based on an evaluation of the application. Please type or complete in ink as neatly and clearly as possible. Answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information. False, incomplete or inaccurate information is cause for disqualification or discharge after being hired.

If you need assistance completing this application, please contact our office at (509) 892-2482.

Thank you for your interest in our growing company.

PERSONAL INFORMATION

Last Name: _____ First: _____ MI: _____

Social Security Number _____

Present Mailing Address: _____ City: _____ State: _____ Zip: _____

Street Address (if different from above): _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Business/Message) _____

Do you have a valid Drivers License? **Yes**

Driver's License No.: _____ State: _____ Class _____ Expiration Date: _____

GENERAL INFORMATION

Have you ever been convicted of a Felony? If "yes", on a **separate sheet** please give date(s) and place(s), the specific charge(s) and fully explain the situation. A conviction is not necessarily a bar to employment. **No**

Can you work legally in the United States? **Yes**

(If hired, documentation showing eligibility for employment in the United States and identity will be required.)

Have you ever been employed by the Wired or Wireless, Inc.? **No**

If "yes", on a **separate sheet** please give date(s), job title(s), department location(s) and reason(s) for separation.

When would you be available to start work?

May we contact your present employer about your work? **Yes**

May we contact your previous employer(s) about your work? **Yes**

List any other name under which you have been employed.

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High School			One	No	
College			One	No	
College			One	No	
Other Specify			One	No	

MILITARY SERVICE RECORD

Have you served in the U.S. Military Service? No

If yes, list skills acquired, including special training:

EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

1

Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title		
Supervisor:		
Reason for Leaving:		

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Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title		
Supervisor:		
Reason for Leaving:		

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Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title:		
Supervisor:		
Reason for Leaving:		

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Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title:		
Supervisor:		
Reason for Leaving:		

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Employer:	From Month/Year	To Month/Year
Street Address:	Work Performed:	
City:		
State:		
Phone Number of Employer:		
Job Title:		
Supervisor:		
Reason for Leaving:		

Other Licenses or Certifications (if required for the job):

Profession Trade:	Level:
Expiration Date: M/D/YYYY	Issued by:

Summarize any special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application. Be specific.

Any offer of employment will be made contingent on applicant passing a job related physical examination and drug test, credit check and/or background check.

It is the policy of the Company to avoid both the practice and the appearance of nepotism in employment. In carrying out this policy, no person shall be hired to a position which is under the supervision of a relative.

If any of your relatives are employees of Wired or Wireless, Inc. please list their name and family relationship to you:

Name	Department	Relationship

AGREEMENT AND CONSENT

1. **I certify that these answers are true and correct to the best of my knowledge.**
2. **I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN.** I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with Wired or Wireless, Inc. if I have been employed. I agree that the Wired or Wireless, Inc. will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.
3. **I hereby acknowledge that I have read and agree to the above statement.**

Your Name (filling in this field constitutes an electronic signature)	Date:
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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status.

**We are an Equal Opportunity Employer
Wired or Wireless, Inc. is a Drug and Alcohol
Free Workplace**