



# ISP

# NETWORK SERVICES

## EMPLOYMENT APPLICATION

please print all information requested except signature

**notice: applicants may be tested for illegal drugs**

### PERSONAL INFORMATION

			Date	
Name		Age (if under 18)		
Address				
Time at Residence				
Phone	Email	SSN		

### WORK DETAILS

Position Applied For		Salary Requested						
Availability	<input type="radio"/> No Pref	<input type="radio"/> Mon	<input type="radio"/> Tue	<input type="radio"/> Wed	<input type="radio"/> Thur	<input type="radio"/> Fri	<input type="radio"/> Sat	<input type="radio"/> Sun
Hours per week	Overtime?	Evenings?	Nights?					
I want to work	<input type="radio"/> Full-Time	<input type="radio"/> Part-Time	<input type="radio"/> Full- or Part-Time					
When can you start?								

### EDUCATION

	Name	Location	Years Completed	Major & Degree
High School				
College				
Business/Trade School				
Professional School				

### CRIMINAL HISTORY

Have you ever been convicted of a crime?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, explain number of convictions, nature of offenses leading to convictions, how recently such offences were committed, sentences imposed, and types of rehabilitation.		

**MILITARY HISTORY**

Have you ever been in the Armed Forces?		
Are you now a member of the National Guard?		
Specialty	Date Entered	Discharge Date

**WORK EXPERIENCE** Please list your work experience for the last five years beginning with your most recent job held.

Name of Employer		Phone		
Address, City, State, Zip				
Employed From	To	Pay Salary	Start	Final
Name of Last Supervisor				
Your Last Job Title				
Reason for leaving (Be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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Reason for leaving (Be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Have you been previously employed by ISPN?  Yes  No

If so, please provide the date range:

May we contact your current employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

### TRANSPORTATION

Are you licensed to drive?	<input type="radio"/> Yes	<input type="radio"/> No
How will you get to work?		
Driver's License Number	State of Issue	Expiration Date

### SKILLS

Typing	<input type="radio"/> Yes	<input type="radio"/> No	WPM
Languages Spoken			
Other Skills			

### REFERENCES

Please list two references other than relatives or previous employees of ISPN

Name		
Address		
City, State, Zip		
Positon / Job Title		
Company		
Contact Phone		
Contact Email		

### OTHER INFORMATION

Use this space to include any additional information relevant to this job application

Star Trek or Star Wars?

What is the ultimate question?

**WAIVER (Please Read Carefully)**

In exchange for the consideration of my job application by ISPN, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ISPN, Inc. or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and ISPN, Inc. may end the employment relationship at any time without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. 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 contract.

I understand that in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature

Date

This company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

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