



# Application for Employment

Double T Cable Services, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, sexual orientation, national or ethnic origin, disability or handicap or veteran status.

## 1. Personal

Position Applying for: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial Date

Address \_\_\_\_\_  
Number & Street City State Zip

Phone Number ( ) - Type  Home  Mobile  Other

Date Available to Start Work \_\_\_\_\_ Days and hours you are available for work \_\_\_\_\_

SSN \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No  
*(If offered employment, you will be required to provide documentation to verify eligibility.)*

Are you currently employed at Double T Cable Services, Inc.?  Yes  No  
If yes, what is your current job title & Department? \_\_\_\_\_

Have you ever been employed by Double T Cable Services, Inc.?  Yes  No  
If yes, dates of employment and reason for leaving: \_\_\_\_\_

## 2. Education

High School Number of years completed  1  2  3  4  
Diploma  Yes  No G.E.D.  Yes  No

College and/or Vocational School  
School \_\_\_\_\_ City & State \_\_\_\_\_  
Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

School \_\_\_\_\_ City & State \_\_\_\_\_  
Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Other Training  
School \_\_\_\_\_ City & State \_\_\_\_\_  
Course \_\_\_\_\_ Certificate Earned \_\_\_\_\_

Professional License or Certifications

Type of License Held	State	Number	Expiration Date

Skills: *Please list any additional skills relevant to this position*

**3. Employment**

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Number & Street City State Zip

Phone ( ) - \_\_\_\_\_ May we contact this employer?  Yes  No

Title \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Hour, Week, Year

Primary Duties \_\_\_\_\_  FT  PT # Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Address \_\_\_\_\_  
Number & Street City State Zip

Phone ( ) - \_\_\_\_\_ May we contact this employer?  Yes  No

Title \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Hour, Week, Year

Primary Duties \_\_\_\_\_  FT  PT # Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No

If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

**References**

Name	Title & Organization	Phone	Relationship

**4. Driver Experience & Qualifications** *Fill-in section 4 only if the position requires you to drive a company vehicle, otherwise skip to section 5*

Driver Licenses	State	License Number	Type	Expiration Date

**Driving Experience**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Number of Miles (Total)
		To	From	
Straight Truck				
Tractor and Semi-Trailer				
Tractor –Two Trailers				
Other				

**Accident Record for Past 3 Years** *Attach sheet if more space is needed*

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions & Forfeitures for the Past 3 Years (Other than parking violations)** *Attach sheet if more space is needed*

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

*If the answer to either A or B is YES, Attach a statement giving details*

**5. PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Double T Cable Services, Inc. to investigate without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical examination, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does not constitute a contract for continued guaranteed employment. I understand that staff employees of Double T Cable Services, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State Loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked on, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis. I understand that I would be required to make mandatory contributions to the Double T Cable Services, Inc. Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion during which I may be terminated without right of appeal.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Background Disclosure

We at Double T Cable Services, Inc. will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer-reporting agency. Our consumer-reporting agency is backgroundchecks.com ("BGC"). BGC's address is P.O. Box 353, Chapin, SC 29036. BGC's telephone number is (866) 265-6602. BGC's website is www.backgroundchecks.com, where you can find information about whether BGC's international privacy practices.

To prepare the reports, BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that BGC provides and BGC's files about you (in person, by mail, or by phone) by providing identification to BGC. If you do, BGC will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If BGC obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

**Please sign below to acknowledge receipt of this disclosure**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_