



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)
		From	To	
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 _____



MVR Release Consent Form

In conjunction with my potential employment at Double T Cable Services, Inc. ("The Company"), I _____ (applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

Applicant Signature _____ Date _____

Driver's License Number _____ State _____

Date of Birth _____

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com (“BGC”) to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (Double T Cable Services, Inc.) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. 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 acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First	Middle (<input type="checkbox"/> none)	Last
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Other names used: _____

Current and former addresses:

	current		
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

Date of birth

Social security number

Driver’s license number & state

Name as it appears on license

Email address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date



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Applicant Signature _____ Date _____

Driver's License Number _____ State _____

Date of Birth _____



Drug & Alcohol Testing Consent

Employee Name _____
Last First Middle Initial

I hereby agree, upon a request made under the drug/alcohol testing policy of Double T Cable Services, Inc. (the Company), to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue, or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment, or any other kind of adverse job action that might arise as a result of the drug and/or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to the that might result from the release or use of information or documentation relating to the drug and/or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or policy, the will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY. I AGREE TO SUBMIT TO ANY SUCH TEST.

I hereby authorize release of these test results to Double T Cable Services, Inc.

Employee Signature _____ Date _____