

WindWave Communications  
 162 North Main Street  
 P.O. Box 815  
 Heppner, OR 97836  
 Phone: (541) 676-9663  
 Fax: (541) 676-9655



**APPLICANT INFORMATION**

Last Name		First		M.I.	
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Driver's License #		State Issued:			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Do you speak, read, write a foreign language?		YES <input type="checkbox"/>		NO <input type="checkbox"/> Which?	
Will you work overtime when necessary?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Do you hold any professional registrations and or licenses? YES <input type="checkbox"/>				NO <input type="checkbox"/> If yes, please list	

**EDUCATION**

High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Honors Received:					

**DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRACURRICULAR ACTIVITIES**


**LIST PROFESSIONAL, TRADE, BUSINESS, VOLUNTEER, OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE THAT INDICATE RACE, RELIGION, SEX OR NATIONAL ORIGIN)**


## REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

## PREVIOUS EMPLOYMENT

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
<i>Branch</i>	<i>From                      To</i>
<i>Rank at Discharge</i>	<i>Type of Discharge</i>
<i>If other than honorable, explain</i>	

<b>EMERGENCY CONTACT</b>		
<i>Name:</i>	<i>Relationship:</i>	<i>Phone Number:</i>
<i>Name:</i>	<i>Relationship:</i>	<i>Phone Number:</i>

<b>PLEASE EXPLAIN WHY YOU WANT THE JOB APPLIED FOR AND WHY WINDWAVE COMMUNICATIONS SHOULD HIRE YOU. USE ADDITIONAL SPACE IF NECESSARY.</b>

<b>DISCLAIMER AND SIGNATURE</b>
<i>I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize credit bureau investigative reports when necessary. I understand that this application is not intended to be a contract of employment.</i>
<i>In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand that my employment is contingent upon (1) registration with state licensing boards (criminal conviction records will be checked), (2) drug screening results, and (3) driving record checks. I understand also that I am required to abide by all rules and regulation of the Company. I further agree that if I am employed by the Company, both the Company and I are free to end the employment relationship at any time.</i>
<i>Signature</i> <span style="float: right;"><i>Date</i></span>