

Windwave Communications
 73500 Rupe Kennedy Road
 P.O Box 1390
 Boardman, OR 97818
 Phone: (541)676-9663
<http://www.windwave.tc/contact>



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			NO			Which?	
Will you work overtime when necessary?		YES		NO					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?			YES	NO	
Have you ever worked for this company?		YES	NO	If so, when?					
Have you had any driving violations in the last 3 years?		YES	NO	If yes, explain					
Have you ever been convicted of a felony?		YES	NO	If yes, explain					
Do you hold any professional registrations and/or licenses? YES				NO	If yes, please list				

EDUCATION									
High School			Address						
From		To		Did you graduate?	YES	NO	Degree		
College			Address						
From		To		Did you graduate?	YES	NO	Degree		
Other			Address						
From		To		Did you graduate?	YES	NO	Degree		
Honors Received:									

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRACURRICULAR ACTIVITES

LIST PROFESSIONAL, TRADE, BUSINESS, VOLUNTEER, OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE THAT MAY INDICATE RACE, RELIGION, GENDER, OR NATIONAL ORGIN)

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	NO
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	NO

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"/>			

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

EMERGENCY CONTACT		
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

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

DISCLAIMER AND SIGNATURE	
<p>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.</p> <p>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.</p>	
Signature	Date