

Personal Information

Date of application

First Name	Middle Name	Last Name
Full Name		
Present Address		
City/State/Zip		
Home Phone		
Soc Sec #		
Are you 18 years or older?		

Desired Employment

Position desired	Date available to work	
What is your desired salary range or hourly rate of pay?		
Type of employment desired?	Full time	Part time
Have you ever applied w/ UltraCom before?	Yes	No
If yes, give date		
Have you ever worked w/UltraCom before?	Yes	No
If yes, give dates	From: / /	To: / /
Reason for leaving?		
Are you employed now?	Yes	No
If yes, may we inquire with your current employer?	Yes	No
Referral Source?		
Walk-in	Newspaper/Radio Ad	Employment Agency
UltraCom Employee (name)	Other	

Education

School Level	Name & Location	Number of yrs. Attended?	Did you graduate ?	Subjects
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

General

Subject of special study or research
Special training/skills

References

Below, give the names of three persons you are not related to, whom you have know at least one year.

Name	Address	Business	Phone Number

Service Record

Branch of service	Discharge date/ Rank
Have you ever been convicted of a felony?	Yes No
If yes, explain.	

Former Employers

List below last three employers, starting with the most recent one first.

Name of present, or last employer			
Address	City	ST	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May we contact your supervisor?	
Supervisor Name	Title	Ph. #	
Description of work			
Reason for leaving			

Name of previous employer			
Address	City	ST	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May we contact your supervisor?	
Supervisor Name	Title	Ph. #	
Description of work			
Reason for leaving			

Name of previous employer			
Address	City	ST	Zip
Starting Date	Leaving Date	Job Title	
Starting Salary	Final Salary	May we contact your supervisor?	
Supervisor Name	Title	Ph. #	
Description of work			
Reason for leaving			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative

Signature: _____ Date: _____

DO NOT WRITE ON THIS PAGE – For interviewer’s use

Interviewed by:	Date:
Comments:	

Interviewed by:	Date:
Comments:	

Hire Date	Start Date	Position
Salary/Wages		
Comments:		
Approved 1	Employment Manager	Date
Approved 2	Dept. Manager	Date
Approved 3	General Manager	Date

Please mail the completed application to:

UltraCom Wireless

5301 Hwy. 10 E.

Stevens Point, WI. 54481

Attn: Jodi Heil