



APPLICATION FOR EMPLOYMENT
PLEASE PRINT CLEARLY

Please Answer all Questions. Resumes Are Not a Suitable for a Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Today's Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/Cell Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Present Address \_\_\_\_\_

Street, Apartment, or Unit Number

City State Zip How long have you lived there \_\_\_\_/\_\_\_\_
years months

Desired Salary/ Hourly Rate \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes [ ] No [ ]

Type of employment desired? Full-time [ ] Part-time [ ] (specify hours) \_\_\_\_\_

Are you willing to work overtime? Yes [ ] No [ ]

Date on which you can start work if hired \_\_\_\_\_

Have you ever been employed by this Company? Yes [ ] No [ ] if Yes, provide dates of employment, location, and reason for separation from employment.

\_\_\_\_\_
\_\_\_\_\_

Employer Notes \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_



Have you ever plead no contest, nolo contendere, or guilty to a misdemeanor crime, or been convicted of a misdemeanor crime?

Yes  No

Have you ever plead no contest, nolo contendere, or guilty to a felony crime, or been convicted of a felony crime?

Yes  No

CRIMINAL OFFENSES ONLY: if you answered YES to either of the above two questions, please provide the date(s) and explain so that individual circumstances can be considered

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***Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.***

Have you ever initiated an act of violence in the workplace? Yes  No

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment)

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List all special technical skills that you feel qualify you for the job for which you are applying for (for example, computer programming/language, software, equipment operation, special tools or machines, etc)

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Military Experience: (Please Circle) Army Navy Air Force Marines Coast Guard

Dates Served: \_\_\_\_\_ Rank Attained: \_\_\_\_\_

If you served in the United States Military, did you have an Honorable discharge? Yes  No

If you answered "NO" to the above, please explain

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Describe any job-related training received in the United States Military

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Education	School Name and Location (City, State)	Course of Study	Graduated? Yes/No	Year Graduated	# of Years Completed	Degree/Major
High School						
College						
Bus/Tech Trade or Post College						

Honors Received \_\_\_\_\_

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. (change of name, use of an assumed name, nickname, etc)

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Please indicate any foreign languages you can speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Please describe any specialized training, skills, and extra-curricular activities \_\_\_\_\_

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**WORK EXPERIENCE:**

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume"

Employer

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<b>Name</b>	<b>City/State</b>	<b>Type of Business</b>
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Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes  No  If no, why not? \_\_\_\_\_

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Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain \_\_\_\_\_

Employer

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<b>Name</b>	<b>City/State</b>	<b>Type of Business</b>
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Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes  No  If no, why not? \_\_\_\_\_

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Wages Start \_\_\_\_\_ Final \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

How much notice did you give when resigning? If none, explain \_\_\_\_\_



Employer

Name City/State Type of Business

Telephone ( ) - Date Employed from / / to / /

Job Title Duties

Supervisor's Name May we contact? Yes No If no, why not?

Wages Start Final Reason for leaving

What will this employer say was the reason your employment terminated?

How much notice did you give when resigning? If none, explain

Have you ever been terminated or asked to resign from any job? Yes No
If Yes, how many times?

Has your employment ever been terminated by mutual agreement? Yes No
If Yes, how many times?

Have you ever been given the choice to resign rather than be terminated? Yes No
If Yes how many times?

If you answered Yes to any of the above three questions, please explain the circumstances of EACH occasion:

[Blank lines for explanation]

List professional, trade, business or civic activities and offices held. (you may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status)

[Blank lines for activities]



Specialized Skills - Check Skills/Equipment Operated:

- |   |   |
|---|---|
| <input type="checkbox"/> MS Exchange Server | <input type="checkbox"/> QuickBooks           |
| <input type="checkbox"/> MS SQL Server      | <input type="checkbox"/> Peachtree Accounting |
| <input type="checkbox"/> MS Project         | <input type="checkbox"/> Tigerpaw             |
| <input type="checkbox"/> MS Outlook         | <input type="checkbox"/> Visio                |
| <input type="checkbox"/> MS Word            | <input type="checkbox"/> ACT                  |
| <input type="checkbox"/> MS Excel           | <input type="checkbox"/> Salesforce.com       |
| <input type="checkbox"/> MS Power Point     | <input type="checkbox"/> MS Access            |

Other (please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please state any additional information you feel may be helpful to us in considering your application \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References (Work Related)**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone



Please list the names of personal references (not previous employers or relatives) who know you well that we may contact

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone

**Applicant Certification**

I understand and agree that if driving is a requirement of the job which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Joy Communications may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, maybe subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by Joy Communications, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

JOY COMMUNICATIONS IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OF NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINAL EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY



IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Joy Communications or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Joy Communications or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Joy Communications and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Joy Communications, I understand that I will be required to provide documentation establishing my identity and eligibility to be legally employed in the United States by this Company.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

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

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If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian that Joy Communications, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



To: Applicant/Employee

Joy Communications will be asking its insurance providers to run license checks for **TECHNICAL** candidates to drive our service vans. By signing below, you are authorizing the release of this information to our insurance provider and to us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
State in which **Driver's License** was issued

\_\_\_\_\_  
Driver's License number

\_\_\_\_\_  
Date



Some Experience

Proficient

Certified

<b><u>COMPUTER</u></b>			
MCSC	_____	_____	_____
MCP	_____	_____	_____
MCSE	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

Some Experience

Proficient

Certified

<b><u>CABLING</u></b>			
CCTV/coax	_____	_____	_____
Cat 5	_____	_____	_____
Cat 6	_____	_____	_____
Patch Panels	_____	_____	_____
Multi-mode fiber	_____	_____	_____
Single mode fiber	_____	_____	_____
RCDD	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

Some Experience

Proficient

Certified

<b><u>KEY SYSTEMS</u></b>			
Avaya Partner	_____	_____	_____
Avaya IP Officer	_____	_____	_____
Nortel Norstar	_____	_____	_____
Samsung officeserv 7000	_____	_____	_____
Samsung idcs 100/500	_____	_____	_____
Intertel Axxess	_____	_____	_____
Toshiba	_____	_____	_____
NEC	_____	_____	_____
Other _____	_____	_____	_____

Some Experience

Proficient

Certified

<b><u>PBX</u></b>			
Avaya Definity	_____	_____	_____
Nortel Option 11-81	_____	_____	_____
Mitel 200	_____	_____	_____
Shoretel	_____	_____	_____
Mitel 2000	_____	_____	_____
Mitel 3300	_____	_____	_____
Mitel 5000	_____	_____	_____
NEC	_____	_____	_____
Cisco call manager	_____	_____	_____
Siemens	_____	_____	_____
Zultys	_____	_____	_____
Other _____	_____	_____	_____



Some Experience

Proficient

Certified

	Some Experience	Proficient	Certified
<b><u>DATA</u></b>			
CISCO	_____	_____	_____
Adtran	_____	_____	_____
HP	_____	_____	_____
Routers	_____	_____	_____
Switches	_____	_____	_____
Firewalls	_____	_____	_____
IP Subnetting	_____	_____	_____
CCNA/CCDA	_____	_____	_____
CCSP	_____	_____	_____
Other_____	_____	_____	_____

Some Experience

Proficient

Certified

	Some Experience	Proficient	Certified
<b><u>OTHER</u></b>			
Surveillance systems	_____	_____	_____
Wifi Networks	_____	_____	_____
Access Control	_____	_____	_____
Nurse Call	_____	_____	_____
Other_____	_____	_____	_____