



Please complete application in ink. Clearly print or type ALL answers. If the question does not apply to you, write N/A.

ATEL Communications is firmly committed to a policy of equal employment, for all qualified persons without regard to race, color, religion, national origin, age, gender or sexual orientation. Our Company makes reasonable accommodations for qualified disabled persons.

## A. JOB INTEREST

Position applying for:

Employment Desired:

☐ Full-time ☐ Part-time

Compensation Range Desired:

Date Available to Work:

Are you willing to work:

overtime? ☐ Yes ☐ No weekends? ☐ Yes ☐ No

Are you willing to travel?

☐ Yes ☐ No

## B. GENERAL INFORMATION

Name: (Last)

(First)

(Middle)

Social Security No.:

Date of Application:

/ /

Current Street Address:

Other Names Known By :

City:

State:

Zip Code:

Home Phone Number:

( )

Work Phone Number:

( )

May we contact you at work?

☐ Yes ☐ No

If not a resident at current address for 2 years, provide previous address and home phone number: ( )

From: To:

/

Citizenship (All persons, upon hiring, must verify citizenship status or provide valid authorization to work in the U.S.):

Are you a U.S. citizen? ☐ Yes ☐ No

If not, are you authorized to work in the U.S.? ☐ Yes ☐ No

Are you 18 or over?

☐ Yes ☐ No

If not, you may be required to furnish a work permit.

Do you have relatives or friends working for ATEL Communications?

☐ Yes ☐ No

If yes, provide names:

Have you been convicted of a serious crime that would cause the employer to be concerned about the safety of its employees, or about your ability to perform the essential functions of the job for which you are applying? ☐ Yes ☐ No

If yes, describe fully:

Have you ever applied for a position or been employed by ATEL Communications? ☐ Yes ☐ No

If yes, provide date and position you applied or worked:

## C. EDUCATION

Type of School	Name & Address of School Attended	From Mo/Yr	To Mo/Yr	Did you Graduate?	List Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## D. PROFESSIONAL REFERENCES

Please list two individuals who know of your qualifications and work abilities, (do not include relatives or previous supervisors):

Name	Address	Phone Number	Occupation / Years Known
		( )	Yrs.( )
		( )	Yrs.( )

## EMPLOYMENT HISTORY

List below your Employment History, beginning with your most recent employer. Account for all periods of time, including **part-time work, military service or unemployment**. (Attach additional sheets if necessary.)

E. CURRENT / LAST EMPLOYER NAME & ADDRESS					From		To	
Company Name:				Month	Year	Month	Year	
Address:				-		-		
Type of Business:				Starting Salary:		Final Salary:		
Department:	Name of Supervisor:	Phone Number: (    )	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Job title & description of your duties (include computer skills used):						Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (Explain)		

  

F. PREVIOUS EMPLOYER NAME & ADDRESS					From		To	
Company Name:				Month	Year	Month	Year	
Address:				-		-		
Type of Business:				Starting Salary:		Final Salary:		
Department:	Name of Supervisor:	Phone Number: (    )	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Job title & description of your duties (include computer skills used):						Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (Explain)		

  

G. PREVIOUS EMPLOYER NAME & ADDRESS					From		To	
Company Name:				Month	Year	Month	Year	
Address:				-		-		
Type of Business:				Starting Salary:		Final Salary:		
Department:	Name of Supervisor:	Phone Number: (    )	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Job title & description of your duties (include computer skills used):						Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated (Explain)		

  

SKILLS, MEMBERSHIPS & AWARDS
Please list PC software, office equipment, special skills, qualifications and any languages in which you are fluent:  <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Please list professional, trade or business associations and any offices held. (Exclude information that would reveal race, color, religion, national origin, age, gender, sexual orientation, a disability or other protected status.):  <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Please list special accomplishments, publications and awards. (Exclude information that would reveal race, color, religion, national origin, age, gender, sexual orientation, a disability or other protected status.):  <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>

## RELEASE AND CONSENT

I understand and certify that all information supplied in this employment application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me on this application may result in the rejection of the employment application or if employed, dismissal from employment. I understand that in consideration of my employment, I agree to conform to the rules, policies and regulations of ATEL Communications, Inc. or any of its subsidiary companies, (hereinafter referred to as **Employer**) and further agree that my employment and compensation are at the will of the Employer and can be terminated, with or without cause, and with or without notice at any time at the option of either the Employer or myself. I understand and agree that these terms can only be modified in writing and signed by the President of the Employer. No supervisor, representative, agent, or other employee of the Employer has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Employer either written or oral, modify the above terms.

I understand and agree to take any physical examination, including a drug-screening test; all such tests will be administered in compliance with the Americans With Disabilities Act (ADA) and applicable state laws.

I understand my employment application and resume will be active for employment consideration for 30 days. If I am not employed during the 30 days, and if I wish to be further considered for employment, I must contact the Employer to determine if applications are being accepted.

I have read, understand and agree with this statement:

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(A photocopy of this Release and Consent shall be considered as valid as the original)