

Poole's Cable Services

AN EQUAL OPPORTUNITY EMPLOYER



OFFICE USE ONLY

NAME: _____

SSN: _____

DATE: _____

POS: _____

EMPLOYMENT APPLICATION

Dear Applicant:

We appreciate your interest in our organization. Our goal is to make the best hiring decisions possible and to effectively match people and positions. A clear understanding of your background and work history will help us make an informed decision regarding your qualifications for the position for which you are applying. Please take time to answer every question completely and accurately. This form will remain in your file if you are employed.

It is the policy of the Company to afford equal opportunities to all applicants and employees regardless of race, color, religion, sex, national origin, age, non-disqualifying disability or status as a disabled or Vietnam era veteran.

In addition to this application, the employment process may include any or all of the following procedures:

1. Testing - aptitude, personality and / or skills
2. Multiple interviews
3. Thorough background checks
4. Drug screening test
5. Post-offer, pre-employment physical

Please note that these procedures may or may not occur in the order listed above and that all procedures are not used for all positions.

Your signature below indicates that you have read and understand the above information. Please sign before completing this application.

Applicant Signature

Date

PERSONAL INFORMATION

Please Print

Name _____
Last First Middle D. O. B.

Daytime Phone (____) _____ Social Security Number _____

Alternate Phone (____) _____ E-Mail Address _____

Mailing Address _____
Street City State Zip

Previous Address _____
Street City State Zip

Positions(s) applying for _____ Salary desired \$ _____ per _____

Employment Status Desired: Full-Time Summer or Temporary Part-Time

If part-time, what hours do you desire? _____ If offered a position, when could you start? _____

If you are not a U. S. citizen, please give U. S. visa status. Type _____

(WITHOUT EXCEPTION, ALL APPLICANTS WILL BE REQUIRED TO COMPLETE AN IMMIGRATION REFORM AND CONTROL ACT CERTIFICATION FORM.)

EDUCATIONAL HISTORY

Type of School	Name and Location of School (give city and state)	Dates Attended From To	Did You Graduate?	Cert. Degree Received	Major Subject or Course of Study	Grade Pt. Average
High School						
Jr. College/ Tech School						
College or University						
Graduate School						
Other						

Please list any special skills or training you have that are related to the job for which you are applying.

Please indicate any professional certificates or licenses: _____

DRIVING HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU ARE APPLYING FOR A JOB WHICH MAY REQUIRE OPERATION OF A COMPANY VEHICLE.

Do you have a valid driver's license? _____ Driver's license number _____
 State _____

Has your license ever been revoked or suspended? _____ If yes, give date(s), location(s) and reason(s). _____

EMPLOYMENT RECORD

REQUIRED-PLEASE FILL OUT COMPLETELY

Beginning with most current employer, please list all past employment and account for any periods between jobs.
(Use second sheet if needed).

May we contact the employers listed below? _____

Indicate any other name you are known by to schools or employers: _____

1. Name of Company				Job Duties	
Street	City	State	Zip		
Dates of Employment (Show month/year) From: To:		Last Salary	Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If temporary, name of agency:		
Job Title		Immediate Supervisor/Phone Number		Reason for Leaving	
2. Name of Company				Job Duties	
Street	City	State	Zip		
Dates of Employment (Show month/year) From: To:		Last Salary	Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If temporary, name of agency:		
Job Title		Immediate Supervisor/Phone Number		Reason for Leaving	
3. Name of Company				Job Duties	
Street	City	State	Zip		
Dates of Employment (Show month/year) From: To:		Last Salary	Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If temporary, name of agency:		
Job Title		Immediate Supervisor/Phone Number		Reason for Leaving	
4. Name of Company				Job Duties	
Street	City	State	Zip		
Dates of Employment (Show month/year) From: To:		Last Salary	Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If temporary, name of agency:		
Job Title		Immediate Supervisor/Phone Number		Reason for Leaving	
5. Name of Company				Job Duties	
Street	City	State	Zip		
Dates of Employment (Show month/year) From: To:		Last Salary	Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If temporary, name of agency:		
Job Title		Immediate Supervisor/Phone Number		Reason for Leaving	
6. Name of Company				Job Duties	
Street	City	State	Zip		
Dates of Employment (Show month/year) From: To:		Last Salary	Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary If temporary, name of agency:		
Job Title		Immediate Supervisor/Phone Number		Reason for Leaving	

PERSONAL OR BUSINESS REFERENCES

Please list three references who are familiar with your work or educational background.

_____ Name	_____ Phone	_____ Relationship to Applicant
_____ Name	_____ Phone	_____ Relationship to Applicant
_____ Name	_____ Phone	_____ Relationship to Applicant

OTHER

Have you ever worked for American Television & Communications Corporation (ATC), Comcast, Paragon, KBLCOM, Vision Cable, MetroVision, NewChannels, Summit Cable, CVI, or any Comcast or affiliated company before?

Yes _____ No _____ If yes, please indicate name of company and dates of employment.

Have you ever applied for a position with American Television & Communications Corporation (ATC), Comcast, Paragon, KBLCOM, Vision Cable, MetroVision, NewChannels, Summit Cable, CVI, or and Comcast or affiliated company before?

Yes _____ No _____ If yes, please indicate name of company any when you applied.

Do you have any relatives currently employed by American Television & Communications Corporation (ATC), Comcast, Paragon, KBLCOM, Vision Cable, MetroVision, NewChannels, Summit Cable, CVI, or any Comcast or affiliated company.

Yes _____ No _____ If yes, please give their name(s) and position(s). _____

Will you be engaged in any other business or employment if employed by the Company?

Yes _____ No _____ If yes, please explain. _____

Have you ever been convicted of a felony or misdemeanor? (A conviction will not automatically disqualify you for a job.

Yes _____ No _____ If yes, please explain fully including the nature of the offense, date of conviction and completion of any sentence. (Use additional sheet if necessary.) _____

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, false or incomplete statements or any misleading or incorrect information given on this application shall be considered sufficient cause for dismissal. I authorize the Company to contact any of my previous employers, as well as any other credit or reference source in order to verify the facts and information that I have furnished regarding my qualifications. I hereby release from liability any persons and organizations furnishing references or other information concerning me.

I understand that the completion of this application is not to be construed as an express or implied contract of employment of guarantee leading to employment. Furthermore, my term of employment, if hired, shall be for no definite period.

Applicant Signature

Date

Pre-Employment Inquiry Authorization Release

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that Poole's Cable Services, Inc. or its authorized agents may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Poole's Cable Services, Inc.'s consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with Poole's Cable Services, Inc., and give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of **Minnesota or Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by Poole's Cable Services, Inc. or our authorized agents, to furnish the information described in Section I.

APPLICANT – PLEASE COMPLETE THE FOLLOWING:

Signature Today's Date

Print Name: (First) (Middle) (Last) (Maiden)

Other Names Used

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

Current Address Since: (Mo/Yr) (Street) (City) (State/Zip)

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Date of Birth Social Security Number

Driver's License Number and State Name as it appears on License

Have you ever been convicted of a crime? ___ No ___ Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, backgroundchecks.com cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Our authorized agent, PeopleScanner.com, has a policy that requires purchasers of these reports to have signed a Service Agreement. This assures PeopleScanner.com that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact PeopleScanner.com at 190 Haverhill Street, Methuen, MA 01844.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (enter company name here) by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by PeopleScanner.com during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at PeopleScanner.com in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Address _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature: _____ Date: _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.



POST-ACCIDENT DRUG TESTING CONSENT AND RELEASE

I, _____ (*print name*), as an employee/applicant (*circle one*) of Poole's Cable Services, Inc. ("the Company"), hereby acknowledge that I will be required to submit a sample of my urine, blood, hair and/or breath ("specimen") for chemical and/or other analysis in the event that I am involved in a work-related accident that requires medical attention for myself or others or causes damage to Company property. I acknowledge that submission of such specimen upon request is mandatory and that refusal to do so will subject me to discipline, up to and including the termination of my employment. I also understand that a tampered with or adulterated specimen will subject me to immediate discipline, up to and including the termination of my employment.

I understand and acknowledge that the purpose of submission of this specimen, and its resulting analysis, is to determine or rule out the presence of controlled substances, drugs and/or other chemical intoxicants (including, but not limited to, alcohol) that are contained in my urine, blood, hair and/or breath.

By signature of this document, I agree to cooperate in all aspects of the testing program, and agree to cooperate with the Company, its employees, representatives, agents and/or contractors as well as any employee, representative or agent of a clinic, laboratory and/or health care facility involved in collection, testing, evaluation, reporting and/or confirmation of the specimen.

I agree that I freely and voluntarily provide ongoing consent to this request for a specimen.

I acknowledge and understand that if analysis of such specimen is positive for the presence of controlled substances, drugs, alcohol and/or other chemical intoxicants at the level established by the Company, there will be implications for my continued employment including, but not limited to, discipline up to and including termination at the sole discretion of the Company.

To the extent allowed by law, I hereby release and hold harmless the Company, its employees, representatives, agents and/or contractors (including any designated clinic, laboratory and/or health care facility) from any and all liability whatsoever arising or resulting from this request for a specimen, from the testing of such sample, and from any decisions made regarding discipline and/or the continuation of my employment based on the results of the analysis of the specimen.

By signature of this document, I hereby agree, consent to and authorize the release of any and all information generated by, or obtained as a result of my participation in, the testing of the specimen to the Company (including its designated representatives) and/or to appropriate governmental agencies such as state unemployment, workers' compensation division and/or law enforcement agencies, to the extent permitted by law.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to the program and that all of my inquiries have been answered accordingly.

Employee/Applicant Signature: _____

Print Name: _____

Employee SS#: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____

OR

I hereby refuse to consent to submit testing for the presence of drugs and/or alcohol.

Employee Signature: _____

Print Name: _____

Employee SS#: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____

Poolle's

Cable Services, Inc.

Title:	VEHICLE POLICIES AND RELEASE FORM	Date of Issue:	05/09/2016
Approved by:	Richard Poole, President	Review/Revise Date:	
Location:	West Monroe, Hattiesburg, Shreveport		

There are a number of Poole's Cable Services, Inc. policies that an applicant needs to know about and agree to before and during being employed. There also are a number of activities that Poole's Cable Services may want to investigate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present this policy to the applicant to ensure that it is understood and agreed to at the time the application is submitted.

We, therefore, ask that you please read, complete, and sign this form before you complete the Application for Employment.

POLICY

Among the policies that have been adopted at Poole's Cable Services is the following that we believe is important for an applicant to know in advance of employment. This is listed below. Your signature on this Release Form indicates that you have read, understand, and will agree to operate under this policy if employed with Poole's Cable Services.

It is mandatory at all times that each employee maintains current Automobile Insurance on the vehicle in which the employee is conducting business while employed with Poole's Cable Services, Inc.

It is mandatory at all times that each employee maintains current Automobile Registration on the vehicle in which the employee is conducting business while employed with Poole's Cable Services, Inc.

It is mandatory at all times that such employee maintains a valid and current driver's license in the state where the employee is hired while employed with Poole's Cable Services, Inc.

Poole's Cable Services may conduct investigative activity as part of the insurance and driver's license review at any time to insure that said policy is adhered to at all times.

Your signature on this Release Form indicates that you understand and agree that if employed, employee will stay in good standing with this policy. Employee can be terminated for violation of



Poole's
Cable Services, Inc.

this policy. Employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time without previous notice.

An offer of employment must originate from Richard Poole or a designated member of management within Poole's Cable Services, Inc.

I have read and understand Poole's Cable Services Vehicle Policy above and hereby agree to abide by the policies contained therein.

Printed Name

Signature

Date

Witnessed by Poole's Cable Services Representative

Date



Cable Services, Inc.

Title:	EMPLOYMENT AT WILL	Date of Issue:	05/09/2016
Approved by:	Richard Poole, President	Review/Revise Date:	
Location:	West Monroe, Hattiesburg, Shreveport, Jackson		

Employment with PCS is "at will" which means that either PCS or the employee may terminate the employment relationship at any time and for any reason, or for no reason at all. Moreover, upon the termination of the employment relationship, neither the employee nor PCS is obligated to state or disclose any reason for the termination of the relationship.

Termination of employment does not entitle any employee to severance benefits of any type.

I have read and understand Poole's Cable Services Employment at Will Policy above and hereby agree to abide by the policies contained therein.

Printed Name

Signature

Date

Witnessed by Poole's Cable Services Representative

Date