



Date of Application _____

APPLICATION FOR EMPLOYMENT
(540) 982-7833 Ext. 230

The following information is requested in order to help us make the best possible placement of personnel within the company. **All portions of this application must be completed.** We appreciate the time you spend filling in this application. **PLEASE INCLUDE A CURRENT COPY OF YOUR DRIVING RECORD FROM THE DMV.** ACS is an equal opportunity employer.

PLEASE PRINT

PERSONAL INFORMATION

1. Name: (Last) (First) (Middle)

2. Address: (Street) (City) (State) (Zip)

3. Telephone No: _____ Alternate Phone: _____

4. Job Position for which you are applying: _____

5. Are you legally entitled to work in the United States? _____ Yes _____ No

5a. Are you a Citizen of the United States of America? _____ Yes _____ No

6. If your application is considered favorably, on what date can you start work? _____
How did you know about this job opportunity? _____

7a. Have you ever been convicted of a felony and or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? _____ Yes _____ No.
If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company may, however, consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

7b. Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial? _____ Yes _____ No

8. Are you now, or will you prior to accepting employment with ACS, if offered, be under any contractual obligation to any past or current employer? _____ Yes _____ No. If yes, please explain on a separate sheet of paper the nature and extent of such obligation.
9. Did you serve in the military? _____ Yes _____ No. If so, please give your dates of service, the branch of the service, ranks held, general duty assignments and provide a copy of your discharge papers.
- _____
10. Are you able to perform the essential functions of the job listed in the job description?
Yes__No__
11. Which days of the week and hours of the day are you available to work?
 Mon Tues Wed Thurs Fri Sat Sun Holidays

EMPLOYMENT RECORD *(Please list most recent position first)*

1. Name, Address, and Telephone# of Previous or Current Employer: _____ Phone # _____
 Dates of Employment: From: _____ To: _____
 Job Title: _____
 Salary: Beginning: _____ Ending: _____
 Reason for Leaving: _____
 Name, title, and contact number of Supervisor: _____
2. Name, Address, and Telephone# of Previous or Current Employer: _____ Phone # _____
 Dates of Employment: From: _____ To: _____
 Job Title: _____
 Salary: Beginning: _____ Ending: _____
 Reason for Leaving: _____
 Name, title, and contact number of Supervisor: _____
3. Name, Address, and Telephone# of Previous or Current Employer _____ Phone # _____
 Dates of Employment From: _____ To: _____
 Job Title: _____
 Salary: Beginning: _____ Ending: _____
 Reason for Leaving: _____
 Name, title, and contact number of Supervisor: _____

REFERENCES

Please list the names, addresses, and telephone numbers of at least three people who are not related and are familiar with your personal and work-related accomplishments.

1. _____
2. _____
3. _____

I authorize and request every person, firm and corporation listed above to furnish to ACS such information pertaining to my employment and personal and ACS may request work-related accomplishments as for purpose of evaluating my candidacy for employment. I hereby release and hold harmless such persons, firms, and corporations from any liability resulting from the provision of such information to ACS.

(Signature of Applicant)

(Date)

(Social Security Number)

EDUCATION

	<u>School Name</u>	<u>Address</u>	<u>Degree</u>	<u>Major</u>
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

ACCOMPLISHMENTS AND SPECIAL TRAINING:

Please list all noteworthy work-related accomplishments and special training you have received.

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misrepresentation or misleading statement in this application (whenever discovered) shall disqualify me from further consideration for employment or shall be grounds for immediate dismissal for employment with ACS. If employed, I agree to conform to the rules and regulations of ACS and understand that Virginia is an at will work state which means my employment and compensation may be terminated, with or without cause and with or without notice, at any time, at the option of either ACS or myself. I further understand that no representative of ACS, other than Mr. Whitcomb, has any authority to enter into any agreement for employment for any specified period of time and any such agreement must be in writing and signed by Mr. Whitcomb to be enforceable.

I acknowledge that consideration for employment is contingent on the results of a background check and drug test. Therefore, I hereby authorize ACS to (1) investigate the truthfulness of all statements made on this application, including employment history, reasons for leaving, and educational credentials; (2) contact my former employers and other listed references or any other persons who can verify information; (3) discuss the results of any investigation with other employees of ACS involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each such person from liability for providing information to ACS. ACS is an equal opportunity employer.

Signature of Applicant

Date



CONSENT TO DRUG SCREENING TESTS

Statement of Drug Screening Test Policy of Antenna Communications Specialists, Inc.:

ACS Home Entertainment Gallery, Inc. (“ACS”) is fully committed to complying with all laws that prohibit discrimination in regard to the recruitment, selection, and hiring of personnel. ACS also has an obligation to hire only qualified and fit individuals for every position and to ensure safe working conditions for its employees. To meet these obligations, it is the policy of ACS not to hire or retain any person who is a current user of illegal drugs as determined by testing or otherwise and to use all appropriate means available to screen all candidates for employment in order to identify individuals who are current drug users. ACS has a policy of testing all candidates for employment and reserves the right to implement additional drug screening for employees based on the cause or by random selection.

Consent of Candidate to Drug Screening Tests:

1. I, the undersigned candidate for employment, consent and agree to undergo drug screening tests to be administered by, or on behalf of, ACS as part of its hiring process for all personnel and understand that ACS may require additional drug screening test after employment in accordance with a policy that applies to all employees. I hereby authorize ACS and/or its agents to administer such tests to me. Failure to give such consent to such tests shall terminate the hiring process and or my employment.
2. I understand that the decision by ACS to extend a conditional or final job offer to me may be based in part on the results of the drug screening tests.
3. I hereby authorize release of the results of any drug screening tests, which are administered to me to ACS and its employees and agents for purposes of discussion and evaluation of my candidacy for position with ACS. I agree that the results of any drug screening tests which are administered to me by, or on behalf of, ACS will be and will remain the property of ACS and that ACS shall have no obligation to disclose the results of such tests to me.
4. I acknowledge that my agreement to undergo these screening tests does not in any way create a physician-patient privilege which I may assert, or, to the extent such a privilege is created, I agree to waive such privilege in any civil action or other circumstances in which ACS may be a party or may be otherwise involved.
5. I understand ACS’ policy or not employing current drug users, and agree that this policy is important to ensure a safe and productive work environment.
6. I have executed this consent of my own free will, and any person in any matter has not coerced me into executing it. I will receive a copy of this document after signing

IN WITNESS WHEREOF, I have caused this consent to be executed on the date indicated below.

(Printed Name of Candidate)

(Signature of Candidate)

(Date)

PLEASE READ CAREFULLY BEFORE SIGNING

APPLICANT CERTIFICATION, AGREEMENT AND RELEASE

I understand and agree that if I am offered conditional employment with the Company, my appointment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by either party at any time without previous notice or cause and my employment is subject to change in wages, conditions, benefits and operating policies. I understand that no supervisor or other representative of the Company, except the President, has that authority to enter into any agreement for appointment for any specified period of time. If I enter into any such agreement with the Company, such agreement must be in writing.

I understand that the Company may make a thorough investigation of my character, reputation, and past employment as a pre-condition of employment, and that, further, the Company may also inquire of my medical history or require a medical exam after a conditional offer of employment is made. I understand that the Company retains the right to verify my driving information with the Department of Motor Vehicles. I authorize the giving and receiving of any such information requested by the Company (including medical, licensure, workers' compensation, criminal, driving, financial and credit records) and hereby relieve and release all former employers and their agents, and licensing authorities and their agents, of any liability for any information they may give to the Company. I hereby waive any and all rights for claims I may have against the Company, its agents or employees, arising out of, or result from the release, authorized or unauthorized, of the information received pursuant to or in connection with the Company's handling, processing, or investigation of my application with the Company.

I agree that if I am employed by the Company, in the future a potential employer may contact the Company or its representatives concerning my work record and my work performance at the Company. I hereby consent to and authorize persons employed by the Company to divulge any and all information they consider relevant to any person representing him or herself to be an employer or potential employer of mine with respect to my work and/or performance of my job at the Company.

I agree to a medical examination or inquiry, if requested if I receive a conditional offer of employment, including the analysis for the detection of the use of illegal drugs or substances. I understand that my inability to perform the essential functions of the job, with or without reasonable accommodation, due to my physical or mental condition, could prevent my employment or continued employment by the Company.

I hereby acknowledge that the first (90) days of my employment with the Company constitutes a probationary period and, further, I understand the completing the probationary period does not ensure my continued employment. Virginia is an "at will" work state, which means: ACS maintains the right to hire or fire without cause and you can terminate employment without notice.

I understand and agree that in the performance of my duties as an employee of the Company, or after I leave the Company, that I must hold in confidence any and all information that I come in contact with regarding my employer or its business.

I understand that this application will remain active for six (6) months during which time it may but will not necessarily be, at the sole discretion of the Company, reviewed for open positions within the location at which I applied.

I have read and agree to the preceding "Applicant Certification, Agreement and Release" and further understand and agree that a copy of this "Applicant Certification, Agreement and Release" shall be as valid as the original.

Date: _____

Applicant Signature: _____

Printed Name of Witness: _____ Witness Signature: _____