

ADX Communications of
Escambia, LLC
Cat Country 98.7/ AM 1620
7251 Plantation Road
Pensacola, FL 32504
850.494.2800
www.catcountry987.com

APPLICATION FOR EMPLOYMENT

ADX Communications is an Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Can you prove your U.S. Citizenship? Circle one: _____ Yes _____ No

If not a U.S. Citizen, give Visa No. And Expiration Date: _____

Have You Been convicted Of A Felony Within The Last 5 Years? _____

Are You 18 Years or Older? _____

Position You Are Applying For: _____

Title: _____ Salary Requirement: _____

How Did You Hear About This Job: _____ Date You Can Start: _____

EDUCATION RECORD

High School (Name, City, State): _____

Graduation Date: _____

Business or Technical School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Undergraduate College (Name, City, State): _____

Dates Attended: _____ Degree, Major: _____

Graduate School (Name, City, State): _____

Dates Attended: _____ Degree, Subject: _____

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Pay:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Pay:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Pay:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

PLEASE READ AND SIGN

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 TERMINATION.

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 DAMAGE 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: