



# Employment Application

Owner: Benefits Manager

Reference: P-71 Hiring Process

## PERSONAL

Last Name	First	Middle	Date
Street Address	City	State	ZIP
Email address:			Phone Number (Circle: home or cell)
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Best time to contact you?
If Yes, Dates: from _____ to _____ Department _____			
Position Applying For:			When can you start working?
Do any of your friends or relatives work here? If yes, please state who and relation.			Do you have reliable transportation? This is a condition of employment. Circle: Personal or Public <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about Champlain Cable?			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			What shift(s) are you willing to work? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
Proof of citizenship or immigration status will be required upon employment.			
Have you ever worked in manufacturing?			
Have you ever worked on 3 <sup>rd</sup> or 2 <sup>nd</sup> shift?			
Describe any specialized training or skills (machine operation, etc.)			

## EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
High School					
Business/Trade/Technical					
College					

**Military Experience:** Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Type of Discharge \_\_\_\_\_



# Employment Application

Owner: Benefits Manager

## WORK EXPERIENCE

Company Name / Type of Business	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor / Supervisor's Job Title	
State your Job Title _____ Job Description _____ _____	Reason for leaving
	May we contact?    _____ Yes    _____ No
Company Name / Type of Business	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor / Supervisor's Job Title	
State your Job Title _____ Job Description _____ _____	Reason for leaving
	May we contact?    _____ Yes    _____ No
Company Name / Type of Business	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor / Supervisor's Job Title	
State your Job Title _____ Job Description _____ _____	Reason for leaving
	May we contact?    _____ Yes    _____ No

## APPLICANTS STATEMENT

I certify that answers given in this application are true and complete. I understand that any false answers or statements made by me on this application or during any interview will be sufficient grounds for immediate discharge.

I voluntarily give Champlain Cable Corporation the right to make a thorough investigation of my past employment and educational activities and release from all liability all persons, companies or corporations supplying such information. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

I understand that Champlain Cable Corporation is under no obligation to supply a reason for not hiring an individual.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**“Champlain Cable is an Equal Opportunity Employer.”**