



Communication Installation & Service Company, Inc.
4581 62nd Ave. N.
Pinellas Park, FL 33781
Phone: (727) 522 – 3477
Toll Free: (888) 522 – 3477
Fax: (727) 522 – 3573

Instructions

1. Print PDF.
2. Fill out application.
3. Return completed application to COMCO Inc. VIA A,B,C or D.
 - A. US Mail
 - B. Fax to (727) 522-3573
 - C. Email to VJSingh@comcoinc.net
 - D. Hand Deliver

PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

Name _____ Date ____ / ____ / ____
LAST FIRST MIDDLE Home Phone (____) _____

Present Address _____
NO. STREET CITY STATE ZIP

Social Security No. _____ Are you over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes No
If yes, state the offense, location, date and disposition _____

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have any obligations or other reasons which would limit your ability to travel or work overtime?
Yes No If yes, please explain _____

Would you be willing and able to relocate? Yes No

Drivers License _____ State _____ Type _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking: full-time part-time temporary or summer employment?

Position applied for _____ Salary Desired _____

Date available to start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? _____

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those days or hours you would be unable or unwilling to work. _____

| EDUCATION: | | | |
|---------------------------|---------|---|-----------------|
| Name Address and Location | Dates | Graduate? | Courses Studied |
| High School | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: |
| College | From/To | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: |
| Trade School | From/To | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diploma: |

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No If so, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Date Entered _____

Final Rank _____ Date Separated _____

Are you a member of a Reserve Organization? Yes No

CAPABILITY/RELIABILITY:

Is there any reason you would be unable or unwilling to perform any of the tasks required by the job you are applying for? Yes No

If yes, explain which tasks _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, explain _____

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, explain _____

How many days of work (or school) have you missed in the last two years? _____ Reason _____

How many times have you been late for work (or school) in the last two years? _____ Reason _____

Is there any reason why you would be unable or unwilling to report to work on time every day on a regular and consistent basis? Yes No If yes, please explain why _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

| | |
|--------------------------|---|
| Employer Name | Telephone () |
| Address | Name and Title of Last Supervisor |
| City, State and Zip Code | Dates Employed: From / To / |
| Nature of Business | Pay: Starting \$ Ending \$ |
| Title | Reason for Leaving |
| Duties | |
| | |
| Employer Name | Telephone () |
| Address | Name and Title of Last Supervisor |
| City, State and Zip Code | Dates Employed: From / To / |
| Nature of Business | Pay: Starting \$ Ending \$ |
| Title | Reason for Leaving |
| Duties | |
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| Nature of Business | Pay: Starting \$ Ending \$ |
| Title | Reason for Leaving |
| Duties | |
| | |

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s) _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been fired, or asked to resign from a job? Yes No If yes, please explain _____

SPECIAL SKILLS

Do you type? Yes No Words Per Minute _____

Do you take shorthand? Yes No Words Per Minute _____

Have you had any computer or word processing experience or training? Yes No If yes, please describe _____

What languages do you speak fluently? _____

Use the space below to describe why you are interested in working for our company and to list those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employers.

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
| | | | |
| | | | |
| | | | |

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to Company Policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date _____

FOR COMPANY USE ONLY

Interviewed by _____

Interviewers remarks _____

Is the operation of a company vehicle a job requirement? Yes No If yes, has a request for driver's record been made? Yes No