



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

[PLEASE PRINT ALL INFORMATION]

PERSONAL INFORMATION

DATE	SOCIAL SECURITY NUMBER	PRIMARY PHONE	SECONDARY PHONE	
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS			APT.#	
CITY		STATE	ZIP CODE	
PREVIOUS ADDRESS			APT.#	
CITY		STATE	ZIP CODE	

DESIRED EMPLOYMENT

POSITION

DATE YOU CAN START	SALARY DESIRED	
EVER APPLIED TO STATE AND FEDERAL COMMUNICATIONS, INC. BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?
REASON FOR LEAVING YOUR CURRENT JOB?		
WHO REFERRED YOU TO THIS COMPANY?	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> ADVERTISEMENT
	<input type="checkbox"/> COLLEGE PLACEMENT	<input type="checkbox"/> FRIEND
		<input type="checkbox"/> OTHER SOURCE
APPLYING FOR	<input type="checkbox"/> Full-Time (Greater than 35 hours)	<input type="checkbox"/> Part-Time
	<input type="checkbox"/> Seasonal	CAN YOU WORK OVERTIME?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY RESTRICTIONS ON HOURS OF WORK?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES"; PLEASE DESCRIBE:

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK				
SPECIAL TRAINING				
SPECIAL SKILLS				

FORMER EMPLOYERS

LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE
STARTING SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY	FINAL SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY	MAY WE INQUIRE WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	SUPERVISOR'S TITLE	SUPERVISOR'S PHONE
DESCRIPTION OF CURRENT WORK RESPONSIBILITIES		
REASON FOR LEAVING?		

EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE
STARTING SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY	FINAL SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY	MAY WE INQUIRE WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	SUPERVISOR'S TITLE	SUPERVISOR'S PHONE
DESCRIPTION OF CURRENT WORK RESPONSIBILITIES		
REASON FOR LEAVING?		

EMPLOYER		
ADDRESS		
CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE
STARTING SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY	FINAL SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY	MAY WE INQUIRE WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	SUPERVISOR'S TITLE	SUPERVISOR'S PHONE
DESCRIPTION OF CURRENT WORK RESPONSIBILITIES		
REASON FOR LEAVING?		

REFERENCES

GIVE THE NAMES OF TWO PROFESSIONAL REFERENCES AND ONE PERSONAL REFERENCE YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

PROFESSIONAL REFERENCES

NAME	BUSINESS	PHONE NUMBER
ADDRESS		YEARS ACQUAINTED
NAME	BUSINESS	PHONE NUMBER
ADDRESS		YEARS ACQUAINTED

PERSONAL REFERENCE

NAME	PHONE NUMBER
ADDRESS	YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	
DISCHARGE RANK	DISCHARGE RANK

FELONY RECORD

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE(S) /NATURE OF OFFENSE
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR INVOLVING WEAPONS, THEFT, DISHONESTY OR VIOLENCE OR PARTICIPATED IN A PRE-TRIAL DIVERSION PROGRAM INVOLVING THE SAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE(S) /NATURE OF OFFENSE

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

MISCELLANEOUS

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THE POSITION YOU ARE SEEKING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," PLEASE DESCRIBE:

PLEASE READ THIS STATEMENT CAREFULLY

I understand and agree that my employment will be at-will, and can be terminated with or without cause or notice at any time at the option of the Company or myself. I understand that no company representative has the authority to enter into any agreement for employment for a specific period of time or to make any contrary agreement with me.

I authorize a thorough investigation to be made in connection with my application for employment including my employment history, character, general reputation, and personal characteristics, whichever may be applicable. I understand that this investigation may include personal interviews with third parties-such as family members, business Associates, financial sources, friends, neighbors, or others with whom I am acquainted. I authorize my present employer, my former employers, any educational institution, any law enforcement organization, any customer reporting agency, or any other appropriate sources or individual to provide all information that is requested in connection with such an investigation. I understand that if an investigation report is requested from a consumer reporting agency, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of investigation requested. I release the Company and all other persons from any liability or any damage that may result from this information being furnished to the Company. This release extends to all pertinent information, personal or otherwise.

I further agree to take any lawful examination or test required by the Company as a condition of my being hired, or if I am hired, as a condition of my continued employment. I agree that refusal to take any such lawful examination or test will result in immediate termination.

An offer of employment may be conditioned upon the applicant's submitting to a pre-employment drug screening. An employee who tests positive or refuses to consent to testing is subject to discharge. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am hired, false statements on this application or during any interview may result in immediate termination. I further understand that if I am hired, I am required to abide by all rules and regulations of the Company. I authorize **Grace House Akron, Inc.** to provide a reference for me in the future if I become an employee.

I also understand this application will be held for consideration for employment, on active file for a period of up to 60 days. If I still wish to be considered for employment after that time, it will be necessary for me to fill out a new application.

SIGNATURE

DATE