

Advanced Wireless Solutions, Inc.  
 317 Old Gray Station Road  
 PO Box 8593  
 Gray, TN 37615-8593  
 (423) 467-5855 phone  
 (423) 467-3533 fax  
 admin@awsinc.biz

## Employment Application

AAD Code	_____
Drug	_____
Screen	_____
Ref. Check	_____
LOU	_____
DOH	_____

**Instructions:** Complete all necessary information. This application will be kept confidentially on file.  
**Be sure to sign and date the application.** (Please Type or Print)

Name:	Date:																		
Social Security #:	Phone:																		
Address:	Work/Message Phone/Email:																		
City/State/Zip:	Date of Birth:																		
Position applied for:	Pay Rate Expected:																		
On what date would you be available for work?	Preferred work location:																		
Able to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Are you a U.S. Citizen, Permanent Resident, Temporary Resident, Asylee or Refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain: _____ <i>Note: If you are hired, you will be required to comply with the verification provisions of the immigration act as a condition of employment.</i>																			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give dates and circumstances. _____ <i>(Such condition will not be an absolute bar to employment and will only be considered in relation to specific job requirements.)</i>																			
Have you previously been employed by Advanced Wireless Solutions, Incorporation? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, complete the following:																			
Last Location:	Last Project:																		
Last Manager's Name:	Last Position Held:																		
Separation Date:	Under what name did you work?																		
How were you referred to AWS, Inc.? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Former Employer <input type="checkbox"/> Current Employer <input type="checkbox"/> Temporary Service <input type="checkbox"/> Referral by current or former AWS Employee <input type="checkbox"/> Other _____ Please give the name of referral source: _____																			
Please check areas in which you have had experience or training: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Typing</td> <td style="width: 33%;"><input type="checkbox"/> Excel</td> <td style="width: 33%;"><input type="checkbox"/> Commercial Driving</td> </tr> <tr> <td><input type="checkbox"/> Bookkeeping</td> <td><input type="checkbox"/> Timberline</td> <td><input type="checkbox"/> Tower Erection</td> </tr> <tr> <td><input type="checkbox"/> Accounting</td> <td><input type="checkbox"/> Office 2000</td> <td><input type="checkbox"/> Antenna Installation</td> </tr> <tr> <td><input type="checkbox"/> Personal Computer</td> <td><input type="checkbox"/> Dozer Operator</td> <td><input type="checkbox"/> Supervisor</td> </tr> <tr> <td><input type="checkbox"/> Word</td> <td><input type="checkbox"/> Backhoe Operator</td> <td><input type="checkbox"/> Concrete forming/pouring/finishing</td> </tr> <tr> <td><input type="checkbox"/> Windows</td> <td><input type="checkbox"/> Motor Grader Operator</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Typing	<input type="checkbox"/> Excel	<input type="checkbox"/> Commercial Driving	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Timberline	<input type="checkbox"/> Tower Erection	<input type="checkbox"/> Accounting	<input type="checkbox"/> Office 2000	<input type="checkbox"/> Antenna Installation	<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Dozer Operator	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Word	<input type="checkbox"/> Backhoe Operator	<input type="checkbox"/> Concrete forming/pouring/finishing	<input type="checkbox"/> Windows	<input type="checkbox"/> Motor Grader Operator	<input type="checkbox"/> Other: _____
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## Prior Employment Information

**Check the box indicating the employer(s) we can contact.** List your most recent employer first. Please attach a resume if you have one.

1.	<b>Last Employer:</b>	Phone:
<input type="checkbox"/>	Street Address:	City/State/Zip:
	Job Title:	Manager:
	Dates Employed: _____ To _____	Salary: Starting: _____ Ending: _____
	Reason for leaving: _____	
2.	<b>Employer:</b>	Phone:
<input type="checkbox"/>	Street Address:	City/State/Zip:
	Job Title:	Manager:
	Dates Employed: _____ To _____	Salary: Starting: _____ Ending: _____
	Reason for leaving: _____	
3.	<b>Employer:</b>	Phone:
<input type="checkbox"/>	Street Address:	City/State/Zip:
	Job Title:	Manager:
	Dates Employed: _____ To _____	Salary: Starting: _____ Ending: _____
	Reason for leaving: _____	
4.	<b>Employer:</b>	Phone:
<input type="checkbox"/>	Street Address:	City/State/Zip:
	Job Title:	Manager:
	Dates Employed: _____ To _____	Salary: Starting: _____ Ending: _____
	Reason for leaving: _____	

Did you work for any of these employers under a different name?  Yes  No If **Yes**, which employer(s) and under which name?  
 \_\_\_\_\_

Explain any intervals of time between jobs other than attending school:  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_  
 Have you ever been discharged or requested to resign from a position?  Yes  No If Yes, please explain:  
 \_\_\_\_\_

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No If yes, what can be done to accommodate your limitation?  
 \_\_\_\_\_

### DRIVING RECORD

(Our insurance carrier approves the driving of company vehicles. A current valid driver's license is required.)

Do you have a current valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	DL #:	State:	Exp.:
Do you have a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification No.:		
Do you have automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company:		
Have you had a suspension or probation of your license within the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all infractions or moving violations you have received in the last three (3) years: _____ _____			

Do you have any limitations (physical or otherwise) that would prohibit you from operating a motor vehicle?  
 Yes  No If yes, explain in detail: \_\_\_\_\_  
 \_\_\_\_\_

## Education Background

Names and Locations	Degree/certificate or diploma	Field of Study	G.P.A.
<b>High School:</b>			
<b>Community College:</b>			
Dates Attended: From: _____ To: _____			
<b>University:</b>			
Dates Attended: From: _____ To: _____			
<b>Graduate School:</b>			
Dates Attended: From: _____ To: _____			
<b>Technical School:</b>			
Dates Attended: From: _____ To: _____			
<b>Other:</b>			
Dates Attended: From: _____ To: _____			

### Military Background

Branch of Service	Date of entrance:	Date of discharge:
Are you a member of the Reserves or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No Please detail: _____		

### Professional References

Name:	Company:
Title:	Address:
Relationship:	Phone:
Name:	Company:
Title:	Address:
Relationship:	Phone:
Name:	Company:
Title:	Address:
Relationship:	Phone:

### **Please be sure to sign and date this application. Thank you for your interest in AWS, INC.**

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in this employment application or in the granting of an interview intends to create a contract between me and this company for either employment or the provision of any benefits.

I certify that to the best of my knowledge the information contained in this application is complete and correct. I understand that if I make a false statement or leave out information, either in this application or in responding to a supplemental request for information related to this application, the false statement or omission is sufficient to disqualify me from employment with AWS, Inc. I also agree that such false statement or omission of information is sufficient and just cause for discharge if I am employed by AWS, Inc. subsequent to submitting this application.

I hereby authorize AWS, INC. to investigate all statements contained in this application, to interview the references I have listed and the current and prior employers as checked in the application, and to conduct any other investigation in connection with this application, which AWS, INC. deems appropriate. I authorize the references and the designated current and/or prior employers to give AWS, INC. any and all facts, opinions, evaluations, and/or characterizations (collective information) concerning my previous employment and any other information they may have, personal or otherwise, and release all parties from any liability which may allegedly arise from furnishing this information to AWS, INC. including but not limited to, any liability for defamation or invasion of privacy.

If I am offered and accept employment by AWS, INC., I understand that as a condition of employment I will need to sign an employee confidentiality, non-competition and invention agreement to disclose to AWS, INC. any and all creative ideas, concepts or inventions which relate to the business or operation of AWS, INC., which I may originate or develop during my employment with AWS, INC. and assign to AWS, INC. my right, title and interest to any such creative ideas, concepts or inventions, whether patentable or not, and any patent applications thereon. I understand that these requirements will not apply to creative property developed entirely on my own time, not directly related to AWS, INC. business or resulting from work performed for AWS, INC., and not developed with the use of any of AWS, Inc's equipment, supplies, facilities or proprietary or trade secret information.

I also agree that, if I am employed by AWS, INC., during that employment I will observe and conform to the rules, regulations and policies of AWS, INC., including such rules, regulations and policies as may be adopted subsequent to the date of this agreement.

I certify that I have read and understood the above section.

<b>Signature:</b>	<b>Date:</b>
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# Advanced Wireless Solutions, Inc.

## CONSENT TO APPLICANT TESTING AND DRUG TEST POLICY ACKNOWLEDGEMENT

I understand that submission to testing for the presence of drugs and alcohol is a condition of employment with Advanced Wireless Solutions, Inc. I further understand that (1) if I refuse to take the test(s), (2) if I refuse to authorize release to the test(s) results to AWS, INC., or (3) if the test(s) establish a violation of AWS, INC. policies concerning drug and alcohol use, I will be denied employment with AWS, INC.

It has been explained to me and I understand that conclusive test(s) results are a condition of employment with AWS, INC. If my initial test(s) results are found to be inconclusive, I have the option to elect to submit to a second test(s) within the following specified time frame: On the date on which the inconclusive report is received by the testing facility and I have been duly notified, I agree to report for a retest by 5 pm of said date, I understand that my retest results will not be recognized as valid for employment purposes.

I understand that should I elect to submit to a second test(s), the testing facility fee shall be at my personal expense, and that I shall be reimbursed for such expense should the results of a second test(s) prove negative for the presence of drugs and alcohol. I understand that I am not eligible for reimbursement of such expense in the event that a second test(s) proves inconclusive or positive for the presence of drugs and alcohol. I further understand I will be denied employment in the event a second test(s) reveals inconclusive drug and alcohol screening test results, as a negative drug screen is a condition of employment with AWS, INC.

By signing and dating this form, I consent to take the pre-employment drug screening test(s) and authorize release of any test results to AWS, INC. I hereby release to AWS, INC. the results of the test(s) to which I have consented. I further authorize AWS, INC. to discuss the results with medical personnel/physician collecting the aforementioned test(s) or evaluating the results thereof and any of them herein, and to use the test results as a defense to any legal action to which I am a party.

I further release any testing facility or physicians who have tested me from any liability arising from the release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate officials at Advanced Wireless Solutions, Inc.

Applicant's Signature:	Date:
Applicant's Social Security Number:    ____ / ____ / ____	
Witness Signature:	Date: