

# EMPLOYMENT APPLICATION

**CABLEVISION COMMUNICATIONS, INC IS A DRUG FREE WORKPLACE. MANDATORY DRUG TESTS ARE GIVEN PRIOR TO EMPLOYMENT.**

## APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" on page 3.
2. Complete all three pages.
3. If more space is needed to complete any question, use comments section on page 3.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MI

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP

## AVAILABILITY

What date can you start? \_\_\_\_\_ What category would you prefer? ☐ Full time ☐ Part time ☐ Temporary ☐ Labor pool

For which schedules are you available?\* ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights ☐ Overtime ☐ Shift ☐ Other \_\_\_\_\_

\*Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices

## JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

☐ Yes ☐ No If the job requires, do you have the appropriate valid driver's license?  
Name on license \_\_\_\_\_ DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

☐ Yes ☐ No Have you had any moving violations within the last seven years? Please describe. \_\_\_\_\_  
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_

☐ Yes ☐ No Have you been given a job description or had the essential functions of the job explained to you?

☐ Yes ☐ No Do you understand these essential functions?

☐ Yes ☐ No Can you perform the essential functions of this job with or without reasonable accommodation?

## REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

## EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name \_\_\_\_\_

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

<b>MOST RECENT EMPLOYER</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer? If yes, may we contact?	PHONE (   ) FAX (   )
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMPANY NAME _____		CITY _____	STATE _____	
FROM _____	TO _____			
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____		
DUTIES _____				
PER _____				
SALARY _____	(HOUR, WEEK, MONTH) _____	REASON FOR LEAVING _____		

<b>SECOND MOST RECENT EMPLOYER</b>		PHONE (   ) FAX (   )	
COMPANY NAME _____		CITY _____	STATE _____
FROM _____	TO _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
PER _____			
SALARY _____	(HOUR, WEEK, MONTH) _____	REASON FOR LEAVING _____	

<b>THIRD MOST RECENT EMPLOYER</b>		PHONE (   ) FAX (   )	
COMPANY NAME _____		CITY _____	STATE _____
FROM _____	TO _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
PER _____			
SALARY _____	(HOUR, WEEK, MONTH) _____	REASON FOR LEAVING _____	

<b>FOURTH MOST RECENT EMPLOYER</b>		PHONE (   ) FAX (   )	
COMPANY NAME _____		CITY _____	STATE _____
FROM _____	TO _____		
DATES EMPLOYED _____	JOB TITLE _____	SUPERVISOR NAME _____	
DUTIES _____			
PER _____			
SALARY _____	(HOUR, WEEK, MONTH) _____	REASON FOR LEAVING _____	

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

"Under Maryland law, an **employer** may not **require or demand**, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An **employer** who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$ 100."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

**CERTIFICATION AND RELEASE**

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE

DATE

**COMMENTS**

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY)



**Cablevision Communications, Inc.**

P.O. Box 2768, Alamogordo, NM 88311-2768

55 US Highway 82, Alamogordo, NM 88310

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, AUTHORIZE CABLEVISION COMMUNICATIONS, INC TO OBTAIN INFORMATION FROM VARIOUS CONSUMER REPORTING AGENCIES REGARDING MY DRIVING RECORD. THESE CONFIDENTIAL REPORTS SHALL BE SHARED WITH CCI TO BE USED FOR PRE-EMPLOYMENT OR EMPLOYMENT RELATED PURPOSES ONLY.

I UNDERSTAND THAT SUCH INFORMATION MAY BE REQUIRED NOW AND FROM TIME TO TIME IN THE FUTURE TO COMPLY WITH THE SAFETY PROGRAM OF THIS COMPANY AND/OR REQUIREMENTS OF COMPANIES PROVIDING INSURANCE TO THIS COMPANY.

I ACKNOWLEDGE "SAFETY-SENSITIVE POSITION" IS DEFINED TO MEAN: "A POSITION IN WHICH PERFORMANCE BY A PERSON UNDER THE INFLUENCE OF DRUGS OR ALCOHOL WOULD CONSTITUTE AN IMMEDIATE OR DIRECT THREAT OF INJURY OR DEATH TO THAT PERSON OR ANOTHER."

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

\_\_\_\_\_

**DATE**

**NAME ON LICENSE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_