

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

**EMPLOYMENT  
APPLICATION**

**APPLICANT INSTRUCTIONS**

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
2. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEOC Self Identification Form. 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 religious beliefs.

**JOB-RELATED SKILLS**

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 After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential function of the job with or without reasonable accommodation?

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

Yes  No Are you licensed/certified for the job applied for?

Name of license/certifications \_\_\_\_\_

License/certification number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Yes  No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: \_\_\_\_\_

**REFERENCES**

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

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

**EDUCATION**

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 may 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?	PHONE (    ) FAX (    )
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
SALARY	PER (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				
SALARY	PER (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				
SALARY	PER (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				
SALARY	PER (HOUR, WEEK, MONTH)	REASON FOR LEAVING		

## DRIVER'S LICENSE INFORMATION

- 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. \_\_\_\_\_

## CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? Do not include convictions that were sealed or expunged pursuant to a court order.

**NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.**

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
- 
- 

Are you currently awaiting trial for any criminal offense?

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
- 
- 

Have you ever initiated an act of violence in the workplace?

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
- 
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## INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

**California Applicants:** Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

**Connecticut Applicants:** Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b – 146, 54 -76o or 54 – 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and so may swear under oath.

**District of Columbia Applicants:** Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

**Hawaii Applicants:** Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

**Massachusetts Applicants:** An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

**New York Applicants:** You may answer "no record" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law; a conviction for a "violation" that has already been sealed by the court, per section 160.55 of the New York Criminal Procedure Law.

**Washington Applicants:** Do not identify any conviction that is more than ten (10) years old at the time of making this application.

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. 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 may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

"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."

Maryland applicants, please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
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**Massachusetts Applicants:** "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."

**Rhode Island Applicants:** The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

**PERMISSION TO WORK IN THE UNITED STATES**

Yes  No Are you legally eligible to work in the United States?

Proof of employment eligibility will be required if hired.

**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
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**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 MENICUCCI  
INSURANCE AGENCY, TO RUN MY MOTOR VEHICLE REPORT. THESE CONFIDENTIAL  
REPORTS SHALL BE SHARED WITH CCI TO BE USED FOR PRE-EMPLOYMENT OR  
EMPLOYMENT RELATED PURPOSES ONLY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

NAME ON LICENSE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

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

**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ►**

**Date**

For Employer's Use Only

Employer's name \_\_\_\_\_ Telephone no. \_\_\_\_\_ EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information \_\_\_\_\_ Was offered job \_\_\_\_\_ Was hired \_\_\_\_\_ Started job \_\_\_\_\_

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶

Title

Date

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form . . . . . 24 min.
Preparing and sending this form to the SWA . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.