

ADX Communications of
Escambia, LLC
Cat Country 98.7/ AM 1620

7251 Plantation Road
Pensacola, FL 32504
850.494.2800
www.catcountry987.com

APPLICATION FOR EMPLOYMENT

ADX Communications is an Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, Middle):

Date:

Social Security Number:

Home Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Business Phone:

Can you prove your U.S. Citizenship? Circle one:

Yes

No

If not a U.S. Citizen, give Visa No. And Expiration Date:

Have You Been convicted Of A Felony Within The Last 5 Years?

Are You 18 Years or Older?

Position You Are Applying For:

Title:

Salary Requirement:

How Did You Hear About This Job:

Date You Can Start:

EDUCATION RECORD

High School (Name, City, State):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree, Major:

Graduate School (Name, City, State):

Dates Attended:

Degree, Subject:

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Pay:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

2-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Pay:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

3-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Pay:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

PLEASE READ AND SIGN

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR TERMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

Signature:

Date: