

**INSTRUCTIONS FOR SUBMITTING:**

PRINT AND FILL OUT APPLICATION  
SCAN AND EMAIL TO:

[info@ww-communications.com](mailto:info@ww-communications.com)

Or mail to:

WW COMMUNICATIONS  
53936 208<sup>TH</sup> LANE  
MANKATO, MN 56001

**APPLICATION FOR EMPLOYMENT**  
**WW Communication & Security Specialists, Inc.**

**Notice:** WW Communication & Security Specialists, Inc. requires that applicants present themselves in person and personally complete and sign at our office (or specified project or job site hiring office) the Employer's original employment application form and will not accept photocopied, mailed, faxed, e-mailed or third-party applications or unsolicited employment referrals from any source.

WW Communications is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), sexual orientation, genetic information, complaining in good faith to the Employer or to a public authority, status with regard to public assistance, membership or non-membership in a labor organization, military, National Guard or reserve service, or any other characteristic or activity protected under federal, state or local law. None of the questions in this application is intended to elicit information regarding any protected characteristic(s), nor imply any limitation, illegal preference or discrimination based upon non-job-related information or protected characteristic(s). WW Communications complies with all applicable legal requirements in its hiring process and related tests and background checks.

If you are hired by WW Communications you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason. Similarly, if you are hired, WW Communications will have the right to terminate your employment at any time, for any reason, with or without cause, notice or prior warning or discipline. No WW Communications supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

**Answer ALL Questions Completely and Accurately - Please Print - Be Sure to Complete ALL Questions Fully and Accurately!**

Positions Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Current Date \_\_\_\_\_  
                    First                                      Middle                                      Last

Have you ever used another name or an alias in your previous employment or education, or in connection with a criminal conviction or plea?  Yes  No If yes, list all names or aliases: \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Other phone at which you can be reached (present work # if employed) \_\_\_\_\_

If hired, can you furnish proof that you are 18 years of age, or older?  Yes  No If no, explain \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States?  Yes  No If no, explain \_\_\_\_\_

Have you applied for work or worked at our Company before?  Yes  No If yes, when, what position, and reason for leaving?  
\_\_\_\_\_

Are you available to work at any time of the day or week as needed, including overtime?  Yes  No  
If no, please explain any work scheduling limitations \_\_\_\_\_

Date You Can Start \_\_\_\_\_ Desired Wage or Salary \$ \_\_\_\_\_

Have you ever been convicted of or pled guilty or no contest to a crime? (Minor traffic violations may be omitted.)  Yes  No  
If yes, provide the date, location and circumstances and identify the offense(s) and jurisdiction(s) \_\_\_\_\_

**IF YOU WISH TO BE CONSIDERED FOR POSITIONS THAT REQUIRE DRIVING, PLEASE ANSWER THESE QUESTIONS. IF YOU WISH TO BE CONSIDERED FOR POSITION THAT REQUIRES DRIVING OF A COMMERCIAL VEHICLE, YOU MUST ALSO COMPLETE A (SEPARATE) CMV DRIVER APPLICATION.**

Do you have a current, valid and unrestricted driver's license(s)?  Yes  No If yes, what class of license(s) and which state(s)?  
\_\_\_\_\_

Have you received DWI, DUI or other driving violations within the last two years?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever had auto insurance denied or canceled?

Yes  No If yes, please explain: \_\_\_\_\_

**Please provide education information if you wish to be considered now or in the future for a supervisory or office position:**

Education	Name and Location of School	No. of Years	Did you Graduate?	Major
Elementary				
High School				
College				
Trade				
Business				

Have you served in the Military? \_\_\_\_\_ If Yes, which Branch and rank and nature of discharge? \_\_\_\_\_

Briefly describe any military training or experience related to position applied for \_\_\_\_\_

Have you ever worked in a position similar to the one for which you are applying? \_\_\_\_\_

If experienced in using tools or equipment which might be helpful on this job, or if you hold a state journeyman or any related public or private licenses, certificates or competency cards, please provide details, including issuing authority and any identifying license or other numbers \_\_\_\_\_

Where have you gained this experience? \_\_\_\_\_

Are you acquainted with anyone who is or was employed by our Company?  Yes  No If yes, who, and how do you know them? \_\_\_\_\_

**WORK HISTORY -- List all employers during last ten years, with present or last employer first. If more space is needed, use additional pages. Do not omit any employment.**

EMPLOYER NAME, ADDRESS & TELEPHONE	POSITION & FINAL PAY RATE	SUPERVISOR	DATES OF EMPLOYMENT
_____ _____ _____ _____ _____ _____ _____ _____	Position: _____ _____ Duties: _____ _____ _____ Circle: Part-time/Full-time Final Pay Rate: _____	Name: _____ _____ Still there? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone (w/area code): _____ _____	From: _____ To: _____ Check One: 1. <input type="checkbox"/> Laid off 2. <input type="checkbox"/> Resigned 3. <input type="checkbox"/> Discharge What reason were you given, if 1 or 3: _____ _____
_____ _____ _____ _____ _____ _____ _____ _____	Position: _____ _____ Duties: _____ _____ _____ Circle: Part-time/Full-time Final Pay Rate: _____	Name: _____ _____ Still there? <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone (w/area code): _____ _____	From: _____ To: _____ Check One: 1. <input type="checkbox"/> Laid off 2. <input type="checkbox"/> Resigned 3. <input type="checkbox"/> Discharge What reason were you given, if 1 or 3: _____ _____

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List all Periods of Unemployment Since You Finished School.

From: \_\_\_\_\_ To: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

How did you spend this time? (Do not provide any specific information related to medical conditions.)

\_\_\_\_\_

Have you ever been fired, laid off or asked to resign by an employer?  Yes  No If yes, please explain \_\_\_\_\_

May we contact the employers listed above?  Yes  No If no, please explain \_\_\_\_\_

Are you on layoff status and eligible for recall or eligible for referral for hire by a hiring hall or employment service?  Yes  No

**REFERENCES: Give the names of three persons not related to you, whom you have known at least one year, as references we can contact.**

INDIVIDUAL'S NAME	PHONE	COMPLETE ADDRESS	TYPE OF BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

WW Communications requires that its employees be available for work throughout Minnesota and beyond as work requires. Are you prepared to work, including overnight stays on occasion, wherever WW Communications may assign you?  
 Yes  No If no, please explain \_\_\_\_\_

WW Communications requires that each employee hired for a certain position purchase a specified set of tools as a condition of employment. Each such individual employee is responsible for having access to these tools each day, and the employee is responsible for transporting his/her own tools to each project or job site. Are you willing to purchase such tools and do you have a valid driver's license and access to a vehicle sufficient to transport yourself and your tools to and between job sites on a daily basis for such positions?  
 Yes  No If no, please explain \_\_\_\_\_

Do you plan to work for any other employer or engage in self-employment during your period of employment with WW Communications?

Yes  No If yes, please explain \_\_\_\_\_

Are there any employer policies, requirements, terms or conditions of employment or types of work which you are unwilling to accept if you are offered employment?

Yes  No If yes, please explain \_\_\_\_\_

Have you ever worked or provided independent contractor services in our industry at any time not listed above:

Yes  No If yes, give details \_\_\_\_\_

You may be asked to provide a medical history, submit to a drug and/or alcohol test and/or physical/medical examination if you are made a conditional offer of employment. Are you willing to do so?

Yes  No

WW Communications has policies on sexual harassment and equal employment opportunity, policies which require employees to perform all assigned work and mandatory overtime, policies requiring wage or salary deduction authorizations by employees for employer property, debts or monies not returned or repaid, an at-will employment policy, a complaint policy, solicitation and distribution policies and policies requiring employees to observe all standards of conduct, policies and work rules of WW Communications, and, for certain employees, confidentiality, non-solicitation and/or non-competition agreement requirements. Applicants may review these policies at our office. Do you agree, if hired, to comply with these and all other lawful current or subsequently adopted WW Communications policies and requirements?

Yes  No If not, please explain \_\_\_\_\_

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**ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)**

By my signature below, I promise that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I agree to immediately notify WW Communications if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment if hired by WW Communications.

I authorize WW Communications (the "Employer") to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior to, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment and during my employment, and may be provided by the Employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the Employer may provide any and all information and opinion, which may include, but is not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

**I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGATED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED Guaranteed Electric EXCAVATING, INC. POLICIES, AND THAT Guaranteed Electric EXCAVATING, INC. DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS STATED IN THIS EMPLOYMENT APPLICATION.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_