

# Employment Application

## Adaptive Communications LLC

PO Box 549, Grand Junction, Colorado 81502

(970) 549-3560 or (970) 874-6300

Adaptive Communications LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Date of Application: \_\_\_\_\_

*Please fill out all the sections below:*

### **Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Employment Position**

Position(s) Applying for: \_\_\_\_\_

How did you hear about this/these positions? \_\_\_\_\_

Applying for (\_\_\_\_) Full Time Employment (\_\_\_\_) Part Time Employment

What days are you available for work? \_\_\_\_\_

What hours or shifts are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

If needed, are you available to travel? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

### **Personal Information**

Are you a U.S. citizen or approved to work in the United States? \_\_\_\_\_

What document(s) can you provide as proof of citizenship or legal status? \_\_\_\_\_

Will you consent to a mandatory controlled substance test? \_\_\_\_\_

Do you have any condition which would require job accommodations? \_\_\_\_\_

If yes, please describe accommodations required: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? \_\_\_\_\_

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on grounds of conviction or a criminal offense. The date of the offense, nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and relevance of the offense to the position(s) applied for may, however, be considered.)

**Job Skills / Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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(Note: Adaptive Communications LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

**Education and Training**

**High School**

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

**College / University**

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree or Certificate Earned: \_\_\_\_\_

**Vocational School / Specialized Training**

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_  
Year Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Military**

Are you a current member of the Armed Services (Active Duty, Reserves, National Guard)? \_\_\_\_\_

What branch of the military are you serving in? \_\_\_\_\_

What is your military rank? \_\_\_\_\_

How many years have you served in the military? \_\_\_\_\_

Are you an Armed Services veteran (Retired, Discharged)? \_\_\_\_\_

What branch of the military did you serve? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you served in the military? \_\_\_\_\_

Discharge Type: \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_

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**Previous Employment (For at least last 4 years. Start with most recent employer)**

**Employer Name:** \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Starting Position: \_\_\_\_\_  
Date Ended: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Driver's License**

Do you have a current and valid driver's license? \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Do you have any special endorsements or CDL? \_\_\_\_\_ Details: \_\_\_\_\_

Would you be willing to occasionally use your personal vehicle for your job? \_\_\_\_\_  
Do you have current insurance on your vehicle? \_\_\_\_\_

(Note: No employee will be allowed to drive a company vehicle without proof of a current and valid driver's license. Employees that drive company vehicles must be insurable by the company's auto insurance company)

**References (Please provide at least 2 personal and professional references below)**

Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Contact Information: \_\_\_\_\_

**Additional Information**

**Written Summary**

Please write a brief written summary of why you would be a great fit for an entrepreneurial, hard-working, fast-paced, always learning, exciting company.

**AT-WILL EMPLOYMENT and TRUE AND COMPLETE INFORMATION**

The relationship between you and Adaptive Communications LLC is referred to as “employment at will.” This means your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Adaptive Communications LLC. No representative of Adaptive Communications LLC has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Financial Officer or the Company’s President.

I also certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Adaptive Communications LLC is hereby authorized to make any investigations of any personal background information including educational and employment history;

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_