

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:

(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? _____

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: _____

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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: _____