

PLACEMENT INFORMATION

For which position are you applying? _____ Salary desired: _____

When could you start? _____ How long do you intend to work for DCS? _____

Do you desire: Full time _____ Part time _____ Temporary _____ If Temporary, how long? _____

Are you willing to travel? Contiguous United States _____ Foreign _____ Unable to travel _____

Days & Times you are available to work: _____

WORK HISTORY/EXPERIENCE - *BEGIN WITH MOST RECENT OR PRESENT EMPLOYER

***Please list your lifetime work history including U. S. Military Service, self employment, and temporary jobs. Account for all gaps in employment. Write "N/A" where appropriate. If you have no work experience, write "NONE".**

Present/Last Employer	DATE (MO. & YR.)	SALARY	POSITION
Company Name: _____ Phone #: _____	From: _____	Starting: _____ \$ _____ per	Starting: _____
Address: _____	To: _____	Ending: _____ \$ _____ per	Ending: _____
Supervisor: _____			
May we contact this company? yes ___ no ___		Reason for leaving?	

EMPLOYER	DATE (MO. & YR.)	SALARY	POSITION
Company Name: _____ Phone #: _____	From: _____	Starting: _____ \$ _____ per	Starting: _____
Address: _____	To: _____	Ending: _____ \$ _____ per	Ending: _____
Supervisor: _____			
May we contact this company? yes ___ no ___		Reason for leaving?	

EMPLOYER	DATE (MO. & YR.)	SALARY	POSITION
Company Name: _____ Phone #: _____	From: _____	Starting: _____ \$ _____ per	Starting: _____
Address: _____	To: _____	Ending: _____ \$ _____ per	Ending: _____
Supervisor: _____			
May we contact this company? yes ___ no ___		Reason for leaving?	

SPECIAL SKILLS, ACCOMPLISHMENTS

List your special skills. Some examples are: computer skills, machines, heavy equipment, welding, tower climbing, etc.

Anritsu Certified? _____ CPR Certified? _____ Tower Rescue certified? _____ OSHA Certified? _____ Other Certifications? _____

Computer programs: _____

Job related licenses/certificates held: _____ date issued: _____ issuing authority: _____

REFERENCES

CUSTOMER REFERENCES PREFERRED

Name: _____ Phone #: _____ Relationship: _____

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REFERRAL INFORMATION

How were you referred to Data Cell Systems Inc.?

Newspaper Ad _____ Wireless Estimator _____ Flyer _____
DCS web site _____ Magazine _____ Which Magazine? _____
Job fair _____ Which job fair? _____ Date of job fair? _____
School _____ Which school referred you? _____
Agency _____ Which agency referred you? _____
DCS Employee _____ Which employee referred you? _____
Other: _____

I certify that the foregoing statements are true and correct to the best of my knowledge and belief and hereby grant Data Cell Systems Inc. permission to verify such information, as well as information from other employers that may surface in the selection process. I authorize the references listed above, and any that may surface during the selection process, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to Data Cell Systems Inc. I understand that any false statement or omission I make on this application or at any time during the selection process may be considered sufficient cause for rejection of my application or for dismissal. I understand that as a result of Data Cell Systems Inc.'s substance abuse policy, I may be required to submit to a substance abuse screen as part of the selection process and that a positive test result may be considered sufficient cause for rejection of my application or for dismissal. I understand that Data Cell Systems Inc. reserves the right to drug test any time during the course of employment as outlined in the Company's Substance Abuse Policy and my refusal to submit to a required test will subject me to immediate discharge. I agree to abide by and comply with all rules of the Company. I further understand and agree that my employment is for no definite period of time and may be terminated at any time by me or the Company, regardless of the date of payment of my wages and salary. Additionally, I understand that this application will remain active for 6 months from receipt.

Date: _____ Signature: _____