Wireless Services, Inc.

Application for Employment

P.O. Box 137 Bairdford, PA 15006

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

			(H	PLEASE	PRIN	Γ)					
Posit	ion(s) Applied For		`			,		Date	of Applie	cation	
How	did you hear about us? Advertisement Employment Agency		Friend Relative			Walk-In Other					
Last	Name		First Nan	ne			Middle Nam	ie			
Addr	ess Number Street			(City		State		Zip Co	ode	
T. 1	1 N 1 ()						0 :10	· N	,		
_	ohone Number (s) Phone Number						Social Secur	ity Nu	mber		
•	you are under 18 years of a pof of your eligibility to we	_		rovide re	equired				Yes		No
Ha	ve you ever filed an applic	atic	on with us	before?		If V	es, Give Date:		Yes		No
	you have a vehicle driver f Yes, Give State, License			on Date:_			es, Give Date.		Yes		No
Ar	e you currently employed?	•							Yes		No
Ma	y we contact your present	em	ployer?						Yes		No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>									Yes		No
On	what date would you be a	vail	able for w	ork?							
Are	e you available to work:	⊐ F	ull Time	□ Part	Time	□ Shif	t Work □ T	emp	orary		
Are	e you currently on "lay-of	f" s	tatus and s	subject to	recall	?			Yes		No
Ca	n you travel if a job requir	es it	:?						Yes		No
Ha	ve you been convicted of a Conviction will not necessarily of					rs?			Yes		No
If Y	Yes, please explain:										
-											
_											

We are an Equal Opportunity Employer.

Education

		Ele	emen	tary S	Schoo	ol	Hig	gh Sch	ool			lergra lege/U				iduat fessi		
School Name a																		
Year Complete	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	
Diploma/Degro		•										ı						
Describe Cour	se of Study																	
	pecialized training, , skills and extra-curricular																	
Describe any h received.	onors you may have																	
	ional information you feel in considering your oplication.																	
	Indicate any	for	eign	lang	uage	s yo	u can	speal	k, read	d, and	or w	rite.						
	Fluent							Go	od						Fai	r		
Speak Read																		
Write					1													
					1							l l						
You may exclude	e memberships that would reveal s	sex, re	ace, re	eligion	n, nati	ional	origin	, age, a	ncestry	y, or ha	ndicap	or oti	her pro	otectec	l stati			- - -
]	Ref	ere	nce	es										
1 2	ddress, and telephone num																	ers. - -
•	er had any job-related traini describe															s C] N	o o
	ically or otherwise unable describe	to pe	erfor	m the	e dut	ies c	of the	job fo	or wh		ou are	appl	ying	? □] Y	es		- No -
																		-

Employment Experience
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Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer:		Dates En	<u> </u>	
A 1.1		То	From	Work Performed
Address:				
Telephone number(s)		Hourly Ra	te/Salary	
(°)		Starting	Final	
Job Title	Supervisor	8		
Reason for Leaving	1			
2. Employer:		Dates En	nploved	
2. Employer.		To	From	Work Performed
Address:				
Telephone number(s)		Hourly Ra	te/Salary	
•		Starting	Final	
Job Title	Supervisor			
Reason for Leaving	1			
3. Employer:		Dates En	nployed	
		То	From	Work Performed
Address:				
Telephone number(s)		Hourly Ra	te/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer:		Dates Er	nployed	
		То	From	Work Performed
Address:				
Telephone number(s)		Hourly Ra	te/Salary	
_		Starting	Final	
Job Title	Supervisor			
Reason for Leaving	•			
	If you need additio	nal space, please contir	ue on a separate	piece of paper.
C!-1 Cl-!! 1		1 /1	,	
Special Skills and	Quantications:	alifications acquired fro		athan aymanian aa
Summarize special job	-refated skills and qu	anneations acquired fro	in employment or	other experience.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further release the Company, previous employers, references and all persons contacted from any liability for damages incurred while verifying the accuracy of the information provided.

This application for employment shall be considered active for a period of time not to exceed 45 days from date of receipt. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by either the President or Vice President-Operations of Wireless Services, Inc.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in my termination of employment. I also understand that I am required to abide by all policies and procedures along with all rules and regulations of Wireless Services, Inc and failure to comply may result in my termination of employment.

I understand that if I leave Wireless Services, Inc. willingly or by termination within the first 90 days of employment, I am responsible for all costs of the pre-employment physical and drug screening.

I have read this statement and accept the terms and conditions of	described.
Signature of Applicant	Date

			Fo	r Hun	nan Resoui	rces Depai	rtment U	se Only	7		
Arrange Interview											
Remarks:											
						Intervi	ewer			Date	
Job Title					_ Hourly Ra	te/Salary _		De	partment		
	By_									Date_	
]	Name	and Title	e						
NOTES:											

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