

Bay Networks, Inc. is an Equal Opportunity Employer and adheres to all Federal, State and Local Laws.

Personal Information

NAME/LAST	FIRST	MIDDLE	DATE	DATE AVAILABLE FOR EMPLOYMENT
ADDRESS			HAVE YOU EVER WORKED FOR BAY NETWORKS INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE ()
CITY	STATE	ZIP		ALTERNATE PHONE ()
FOR WHICH POSITION ARE YOU APPLYING FOR?			SALARY DESIRED	
ARE YOU ELIGIBLE TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		UPON EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL AUTHORIZATION TO WORK IN THE U.S. ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH BAY NETWORKS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE: _____				
CERTAIN POSITIONS REQUIRE TRAVELING. ARE YOU WILLING TO ACCEPT EMPLOYMENT WHICH REQUIRES YOU TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WILLING TO TRAVEL: <input type="checkbox"/> DURING THE DAY ONLY <input type="checkbox"/> OCCASIONALLY OVERNIGHT <input type="checkbox"/> LONG TERM/OUT OF STATE				
POSITIONS REQUIRE PROOF OF A VALID DRIVER'S LICENSE AND A CURRENT DRIVING ABSTRACT. DO YOU HAVE A VALID DRIVERS LICENSE AND CAN PROVIDE A CURRENT DRIVING ABSTRACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DRIVERS LICENSE #: _____			CERTAIN POSITIONS REQUIRE A COMMERCIAL DRIVERS LICENSE. DO YOU HAVE A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST CLASS AND ENDORSEMENTS: _____ _____ _____	
CERTAIN POSITIONS REQUIRE MOT CERTIFICATION. DO YOU HAVE A FLAGGING CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPIRATION DATE: _____				
CERTAIN POSITIONS REQUIRE A FIRST AID / CPR CARD. DO YOU HAVE A FIRST AID / CPR CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPIRATION DATE: _____			ARE YOU OR HAVE YOU EVER BEEN A "PREFERRED WORKER"? <input type="checkbox"/> YES <input type="checkbox"/> NO If you suffered a disabling on the job injury and did not return to work with the employer of record after your recovery, you may be entitled to "Preferred Worker" benefits through the Department of Labor and Industries.	

Education

EDUCATION	SCHOOL NAME & LOCATION	FIELDS OF STUDY / DEGREE	YEARS COMPLETED (CHECK)
HIGH SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
UNIVERSITIES, COLLEGES & TECHNICAL SCHOOLS			<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
APPLICABLE TRAINING CLASSES			

Employment History

DATES OF EMPLOYMENT	EMPLOYER NAME	PHONE NUMBER ()	REASON FOR LEAVING
FROM / /	ADDRESS	SUPERVISOR & TITLE	
TO / /	CITY STATE ZIP		
POSITION / TITLE		STARTING BASE SALARY	FINAL BASE SALARY

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References

Please list the names, business addresses and phone numbers of people who are familiar with your work experience and competence in the field in which you are applying, and persons we may contact for checking work references and for academic references.

NAME	PRIMARY PHONE ()	NUMBER OF YEARS ACQUAINTED
ADDRESS	ALTERNATE PHONE ()	
CITY STATE ZIP	EMPLOYED BY & TITLE	

NAME	PRIMARY PHONE ()	NUMBER OF YEARS ACQUAINTED
ADDRESS	ALTERNATE PHONE ()	
CITY STATE ZIP	EMPLOYED BY & TITLE	

NAME	PRIMARY PHONE ()	NUMBER OF YEARS ACQUAINTED
ADDRESS	ALTERNATE PHONE ()	
CITY STATE ZIP	EMPLOYED BY & TITLE	

Essential Job Function – Task Ability

Place checkmarks in the appropriate boxes for each task listed below.

- YES NO CAN YOU CLIMB A 25' VERTICAL LADDER?
- YES NO CAN YOU LIFT 50 POUNDS?
- YES NO CAN YOU STAND OR WALK FOR 4 HOURS AT A TIME?
- YES NO CAN YOU BE IN CONFINED SPACES?

Essential Job Function – Equipment Usage

Place checkmarks next to the equipment you have had applicable experience using or operating.

<input type="checkbox"/> YES <input type="checkbox"/> NO BACKHOE SIZE _____ MODEL _____	<input type="checkbox"/> YES <input type="checkbox"/> NO COMPRESSOR
<input type="checkbox"/> YES <input type="checkbox"/> NO FIBER PULLER MODEL _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> YES <input type="checkbox"/> NO CABLE TUGER MODEL _____	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO BOBCAT SIZE _____ MODEL _____	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO MISSLE	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO BUCKET TRUCK	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO TRENCHER	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO WHACKER	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO JACKHAMMER	_____

Employee Release and Privacy Statement

Please read this carefully before signing.

I understand that Bay Networks, Inc. requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize Bay Networks, Inc. to investigate my past employment, criminal background, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and release those parties supplying such information to Bay Networks, Inc. for all liability or responsibility with respect to information supplied.

I understand that my employment with Bay Networks, Inc., in accordance with Florida State Employment At-Will, would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or Bay Networks, Inc. may terminate my employment at any time for any reason, with or without cause. I understand that Bay Networks, Inc. is compliant with Federal, State, and Local Laws, may conduct drug and alcohol testing upon pre-employment, random, post accident, and cause for testing.

I understand that any false answers made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be sufficient grounds for immediate discharge, if I am employed.

Applicant's Signature _____ Date _____