

CENTRAL CABLE

CONTRACTORS, INC.

W7435 COUNTY AW • WAUPUN, WI 53963-9706
920-324-4118
FAX: 920-324-0135

CABLE-LAYING • DIRECTIONAL BORING • TRENCHING
COPPER SPLICING • FIBER SPLICING

Position Applying For: _____
Date: _____

General Information

Name _____ Social Security Number _____
Address _____

Phone Number _____ Date of Birth _____ Are you a U.S. Citizen? Yes _____ No _____

Do you currently hold a valid Driver's License? Yes _____ No _____ Drivers License #: _____

Do you currently hold a valid CDL? Yes _____ No _____

Have you had any driving citations? Yes _____ No _____
If yes, please explain _____

Type of Employment Desired: Full Time _____ Part Time _____ Seasonal _____

Have you ever applied or been employed by Central Cable Contractors before? _____
If yes, when? _____ Position(s) Applied for _____

Date Available to Start Work: _____ Are you on "layoff" status and subject to recall? Yes _____ No _____

Rate of Pay Expected: _____

Do you currently have any work restrictions/requirements? Yes _____ No _____
If yes, please list them here: _____

Are you willing to stay overnight on the job? Yes _____ No _____

Please mark those operations in which you have worked:

Backhoe Operator	_____	Trencher Operator	_____
Plow Cat Operator	_____	Semi Truck Driver	_____

Please list any other experience or qualifications which you feel are applicable to the position you are applying for:

Education

School	Name & Address of School	Course of Study	Did you Graduate?
Elementary		General	Yes _____
			No _____
High School			Yes _____
			No _____
College			Yes _____
			No _____
Other			Yes _____
			No _____

Work Experience (please list most recent first)

Name, Address & Phone Number of Company	Start Date	End Date	Starting Wage	Ending Wage	Reason for Leaving	Job Duties

If there is a particular employer(s) you do not want us to contact, please list their Company name here:

References

Name	Address	Phone #

Signature: _____

Controlled Substance Certification

Motor Carrier Name: Central Cable Contractors, Inc.

Street Address: W7435 County Road AW

City, State, Zip Code: Waupun, WI 53963

Applicant Name (please print): _____ Date: _____

*****COMPLETE ONLY ONE OPTION (A or B).**

Option A

I certify that I have not tested positive or refused a pre-employment test where I was refused a job, during the three years preceding the date of this application. I have not tested positive with any prior employer for controlled substances or alcohol over the prior 3 years.

Signed: _____
(Applicant Signature) (Witness)

Option B

I certify that I have tested positive or refused a pre-employment test or tested positive during my employment with a previous employer for controlled substances or alcohol with _____ on _____ over the prior 3 years.
(Name of Motor Carrier having conducted the test) (Date)

Please check one:

() I have completed the return to duty process and the documentation for the completion is attached.

() I have not completed the return to duty process.

Signed: _____
(Applicant Signature) (Witness)

Application Revisions 1/1/2012

Name: _____ Date of Birth: _____

Do you have any work restrictions/requirements/limitations? yes no

If yes, please list them here: _____

Signature: _____ Date: _____