

# 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 \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Have you ever applied or been employed by Central Cable Contractors before? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Position(s) Applied for \_\_\_\_\_

Date available to Start Work \_\_\_\_\_

Rate of Pay Expected: \_\_\_\_\_

Do you currently have any work restrictions/requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list them here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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

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Please circle those applications which you have used:

- |                 |                   |
|-----------------|-------------------|
| Microsoft Excel | Microsoft Outlook |
| Microsoft Word  | Internet Explorer |
| CYMA            |                   |

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

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**References**

Name	Address	Phone #

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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: \_\_\_\_\_