



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

**Company** Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**Company** Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**Company** Phone ( )

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch From To

Rank at Discharge Type of Discharge



**APPLICANT'S ACKNOWLEDGMENT**

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; submit to a background investigation; and take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests.

I authorize Orion Communications, Inc. to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to Orion Communications, Inc. for whom I have applied for employment, and release Orion Communications, Inc. from any and all claims related to the lawful release of this information.

I further authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from Orion Communications at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

**Signature**

**Date**