

3618 Geo. Wash. Mem. Hwy.
 PO Box 308
 Ordinary, VA 23131
 FID:20-1835737



Computer Networking
 Sales, Service & Upgrades
 Maritime Telecommunications Installation
 & Support

Office: 804-642-5233
 Fax: 804-642-0171
 Email: jobs@franktronics.net
 www.franktronics.net

**ATTACHED RESUME
 REQUIRED**

Application for Employment

1. Position applied for _____ 2. Date _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number will be required on other forms prior to employment.)

4. Full legal name _____ 6. Primary Phone () _____
Last First Middle

5. Address _____ 7. Secondary Phone () _____
City State Zip
 e-mail address: _____

8. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received _____

c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. EXPERIENCE —Starting with the most recent, describe ALL paid, military and voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

a. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time Part-time Hours/week _____ Your name if different from present _____

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b. Job Title _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time Part-time Hours/week _____ Your name if different from present _____

c. Job Title _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time Part-time Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

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e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

10. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

11. MISCELLANEOUS

- a. Check which shift you will accept: Day Evening Weekends
- b. Check which job status you would accept: Full-time Part-time (specify) _____
- c. Check which employment status you'd accept: Salaried (benefits) Hourly (No benefits)

d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

e. Are you able to provide your own transportation if necessary for your employment? Yes No.

f. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?
 Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No

g. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:

Description of offense:
 Statute or ordinance(if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 Month _____ Day _____ Year _____

13. Is your resume attached? Yes No. - *Your application will not be considered without a resume.*

14. CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Franktronics to rely upon and use, as it sees fit, any information received from such contacts. I certify that I am at least 18 years of age or at least 16 years of age if applying for internship position.

Date _____ Applicant Signature _____

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Supplementary Experience Form

Name _____ Position Applied For _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time ___ Part-time ___ Hours/week ___ Your name if different from present _____

Job Title _____ **Duties:** _____
Employer _____
Address _____

Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
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Job Title _____ **Duties:** _____
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