



EasTex Tower, Inc.

7345 Templeton Gap Rd., Colorado Springs, CO 80923
719-632-8822 Fax-719-632-6848

Employment Application and Authorization to Release Records

I understand and agree that: The information supplied was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of **EasTex Tower, Inc.** **EasTex Tower, Inc.** has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC, an agent of **EasTex Tower, Inc.**, to make a thorough check of my past employment, education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify **EasTex Tower, Inc.** and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

I authorize **EasTex Tower, Inc.** to conduct a Motor Vehicle Record Check and I understand that in obtaining such reports, a consumer reporting agency may be used and I do hereby authorize such use. I further acknowledge and agree that the reports may be procured by **EasTex Tower, Inc.** insurance carrier to provide an assessment of my insurability under **EasTex Tower, Inc.** insurance coverages. This Authorization is pursuant to the terms and conditions under the Fair Credit Reporting Act.

Nothing on this application is intended to create or imply employment; if hired the employee understands that employment is at will, and is not for a specific time, and can be terminated at will.

Full Name: _____ Birth Date: ____/____/____
Last First M.I.

Social Security #: _____ Driver's License #: _____ State: _____

Address: _____
Street Address Apartment / Unit #

Phone: (____) _____ City _____ State _____ ZIP Code _____
2nd Phone: (____) _____ E-mail Address: _____

Date Available: ____/____/____ Desired Rate of Pay: \$ _____ Position Applying For: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U. S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Address: _____
Did you graduate? _____

College: _____ Address: _____
Did you graduate? _____ Degree: _____

Other: _____ Address: _____
Did you graduate? _____ Degree: _____

Military Service

Are you currently active? YES NO

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

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Disclaimer & Signature

*The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines. **EasTex Tower, Inc.** considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

Race _____ Gender _____ Phone (____) _____

Signature: _____ Date: _____