

Cable Communication Services, Inc. 7200 Shadowland Ct *Phone:* (605) 341-6317 Black Hawk, SD 57718 Fax: (605) 721-5011

	Da	ne				
Name:	Phone					
Address:Street						
Can you provide required proof of eligibility to v	·	Zip Ves No				
	•					
When can you start?Would you be willing to travel? Yes N						
Which of these categories would you prefer?	·	•				
·	venings Nights Overtime O	tner				
Position applying for						
Highest Grade Completed: 7 8 9 10 11						
Have you ever been convicted of a motor vehi	icle offense such as a DWI, DUI, OM	VI, Reckless Driving,				
etc.? Yes No If yes, please describe when and where:						
Have you ever been convicted of a felony/misc	demeanor involving theft or violence?	Yes No				
If yes, please explain:						
Do you have a valid driver's license? Yes	No					
Drivers License #:	Туре:	State:				
List any skills, licenses, certificates, training, ed	ducation or experience that may be im	portant for CCS				
employment:						

1. Employer:	L	noyinoni.				
Position:Starting Salary:Ending Salary:	1.	Employer:		Supervisor:		
2. Employer:		Employed from:	to			
Employed from:		Position:		_ Starting Salary:	Ending Salary:	
Position:	2.	Employer:		Supe	ervisor:	
3. Employer:toHours per Week:		Employed from:	to	Hours per Week:		
Employed from:to		Position:		_ Starting Salary:	Ending Salary:	
Position: Starting Salary: Ending Salary:  4. Employer: to Hours per Week: Employed from: to Starting Salary: Ending Salary:  Position: Starting Salary: Ending Salary:  I do herby certify that all the information above is correct and understand that any false or omitted information may be grounds for refusal of employment or termination. In the event of getting hired by Cable Communication Services, Inc., I authorize them to initiate a Motor Vehicle Report to verify my driving history.  Printed Name:	3.	Employer:		Supervisor:		
4. Employed from:		Employed from:	to	Hours per Wee	ek:	
Employed from:		Position:		_ Starting Salary:	Ending Salary:	
Position: Starting Salary:Ending Salary:  I do herby certify that all the information above is correct and understand that any false or omitted information may be grounds for refusal of employment or termination. In the event of getting hired by Cable Communication Services, Inc., I authorize them to initiate a Motor Vehicle Report to verify my driving history.  Printed Name:	4.	Employer:		Supervisor:		
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Printed Name:	informatio	n may be grounds for	refusal of e	mployment or termination	n. In the event of getting hired by	
	driving his	story.				
	Printed Na	ame:			<u> </u>	
					Date:	

Prior Employment:

It is the policy of Cable Communication Services, Inc. not to discriminate, and to take affirmative action to provide fair and equal employment opportunity for all persons, regardless of race, color, sex, religion, national origin, disability or Vietnam era veteran status. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation, and selection for training.