STRATA **NETWORKS**

EMPLOYMENT APPLICATION

STRATA NETWORKS is an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law. We have a policy enforcing a drug-free workplace. The policy provides for screening tests of potential or new employees.

BACKGROUND INFORMATION

Last Name	First	Middle	Date of Application	Home Phone			
Mailing Address	ess Street Address			Cell Phone	Cell Phone		
City, State, Zip				How Long at P	resent Address?		
Were you previously er ☐ Yes, Date(s)	nployed by this organization? Department		□No	Email Address	Email Address		
Have you previously ap	pplied for work to this organization?		□No	Driver's Licens	Driver's License No. (if applicable)*		
Position Applying For				Wages Desired	Wages Desired		
Check the following options which you would consider: □ Full-time □ Part-time □ Temporary □ Seasonal □ Internship				Secondary Cor	Secondary Contact Phone		
			Date Available	Date Available for Work			
	E	DUCATION AND TRA	AINING				
SCHOOL	NAME AND LOCATION OF SCHO		COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE	
HIGH SCHOOL					Yes No		
COLLEGE OR UNIVERSITY					Yes No		
COLLEGE OR UNIVERSITY					Yes No		
TRADE SCHOOL					Yes No		
APPRENTICE SCHOOL					Yes No		
List any other education, training, special skills or certificates/licenses that you possess which are relevant to the position for which you have applied:							
List any machines or equipment that you are qualified and experienced at operating which are relevant to the position for which you have applied:							

EXPERIENCE - LIST PRESENT AND FO	RMER EMPLOYERS BEGI	NNING WITH MOST RECENT				
Company Name		Type of Business	Phone No.			
Address	Employed (Month and Year) From					
Name and Title of Supervisor		May We Contact?	Employed			
		☐ Yes ☐ No	☐ Full-time ☐	Part-time		
State Last Job Title and Describe Your Work		Wages				
		S tarting Reason for Leaving	Last			
Company Name	Type of Business	Type of Business Phone No.				
Address		Employed (Month and Year)	·			
		From	То			
Name and Title of Supervisor		May We Contact?	Employed			
		☐ Yes ☐ No	☐ Full-time ☐ Part-time			
State Last Job Title and Describe Your Work		Wages				
			Starting Last			
	Reason for Leaving	Reason for Leaving				
Company Name		Type of Business	Phone No.			
Address		Employed (Month and Year)				
		From	То			
Name and Title of Supervisor		May We Contact?	Employed			
		☐ Yes ☐ No	☐ Full-time ☐ Part-time			
State Last Job Title and Describe Your Work		Wages Starting	Last			
		Reason for Leaving				
	SKILLS AND QUALIFICAT	IONS				
Have you had any other experiences or qualifications in addition	to those indicated above which	relate to the job for which you are apply	ying?			
REFERENCES - List business persons	known, but not related	to you, other than listed above	<u> </u>			
NAME	TITLE	BUSINESS	PHONE NO.	YEARS KNOWN		
				MACAAIA		

ADDITIONAL EMPLOYMENT-RELATED INFORMATION						
	Name	Relationship				
List any relatives or friends working for this organization:						
Can you verify your legal rights to work in the U. S. by providing a birth certificate, proof of U. S. Citizenship, or by some other means?						
If you are under 18, are you able to furnish a work permit?	☐ Yes ☐ No					
Have you been convicted of a crime in the past 7 years, excluding m $\hfill \square$ Yes $\hfill \square$ No	nisdemeanors and summary offenses, which has not been annulle	ed, expunged, or sealed by a court?				
If "yes," please describe in detail:						
(A conviction record will not necessarily be a bar to employment.)						
Additional Remarks:						
APPLICANT'S CERTII	FICATION - Please read carefully before signing					
I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.						
I authorize the company, as part of its evaluation of my subservisors to secure information concerning my skills, concerning my skil		, references, and my previous				
I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement.						
I understand and agree that, if I am employed, I will be an any or no reason without prior notice.	n at-will employee and the Company may terminate my	/ employment at any time and for				
Applicant's Signature		Date				

DO NOT WRITE BELOW - FOR COMPANY USE ONLY							
Offer to be extended?					YES 🗆	NO 🗆	
Notes:							
Notified on	by	<i>'</i>	via		□ Telephone	!	
	Date	Initials			□ Confirmed	l in Writing	
					Other		
Job Title		Wages				Starting Date	
		Hourly	, \$	Weekly \$			
			*	Weekly 7			
□ Full-time Regular		□ F	□ Full-time Temporary			□ Со-ор	
□ Part-time Regula	ar	□ F	□ Part-time Temporrary			□ Seasonal	
-							
Hours Per Week	Scheduled Work Days			Benefits Full	☐ Pror	ated 🔲 None	
In addition, the Candidate v	vill be advised of the	following condition	ns and terms as part				
APPROVED	DATE	APPROVED		DATE	APPROVED		DATE
	DATE			DAIL			DATE