



FREEDOM COMMUNICATIONS, INC.

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with us. We consider all job applicants solely on the basis of job-related qualifications. Freedom Communications, Inc., is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability or any other legally protected status in accordance with the requirements of local, state, or federal law. Please inform Freedom Communications, Inc., if you require any reasonable accommodation to complete the employment application or to participate in an employment test or interview. Please complete this form fully and accurately. If you are unable to recall specifically any item of information requested, please so indicate. All the information you provide is subject to verification.

Applicant must reapply if not hired within 60 days.

Today's Date: _____

GENERAL INFORMATION

LAST NAME FIRST NAME MIDDLE

ADDRESS

CITY STATE ZIP CODE

HOME PHONE ALTERNATE PHONE

SOCIAL SECURITY NUMBER INDICATE AGE IF UNDER 18

IF UNDER THE AGE OF 18, WILL YOU BE ABLE, UPON EMPLOYMENT, TO SUBMIT A WORK PERMIT? YES NO _____

TYPE OF WORK OR POSITION DESIRED SALARY DESIRED

DATE AVAILABLE TO START WORK DAYS AVAILABLE HOURS AVAILABLE

Do you have a valid driver's license? YES NO Answer only if applicable to position for which you are applying
If Yes, give license number, state, and expiration date: _____

Are you legally authorized to work in the U.S.? YES NO N/A
(You will be required upon employment to submit verification of your legal right to work in the United States.)

Please acquaint yourself with the job description or other information we have provided that describes the essential functions of the job you are seeking. Are you willing to work overtime as required? YES NO

Have you ever worked for this Company or are you currently or have you previously performed services as an independent contractor? YES NO If yes, please state dates of employment: From _____ To _____ Where: _____

Have you ever applied for a position with this Company? YES NO
If yes, when: _____ Position Name (Type): _____

How did you learn of job opportunities at the Company?

- Employment Agency Name of Agency: _____
- School Which School? _____
- Newspaper Ad Which Newspaper? _____
- Employee Referral Name of Employee: _____
- Walk-in Other: _____

Have you been convicted of a felony in the last seven years? A conviction will not automatically bar employment, but will be considered as it relates to fitness and ability to perform the job in question. Failure to honestly answer this question will result in discontinued consideration of application or termination of employment.

YES NO Explain: _____

EMPLOYMENT HISTORY

Complete this employment history even if you also submit a resume. Start with your most recent employment and list all jobs you have held in the past 10 years. Cover all your time, whether employed or not. Use a separate sheet if needed. Separate sheet attached? _____
 Yes _____ No _____

Begin with most recent employer. (Account for all time, whether employed or not)

Employer _____ Type of business _____ Employed from: month/year to month/year
 / - /

Address _____

City _____ State _____ Zip code _____ Phone _____

Beginning title: _____ Present title: _____

BEGINNING TOTAL EARNINGS				ENDING TOTAL EARNINGS			
Pay rate	Commissions/Bonus	Ending salary	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Pay rate	Commissions/Bonus	Ending salary	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Job duties: _____

Immediate supervisor's name / Position title: _____ May we contact for a reference? Yes No

Reason for leaving Resigned Laid off Discharged Other

Explain: _____

Employer _____ Type of business _____ Employed from: month/year to month/year
 / - /

Address _____

City _____ State _____ Zip code _____ Phone _____

Beginning title: _____ Present title: _____

BEGINNING TOTAL EARNINGS				ENDING TOTAL EARNINGS:			
Pay rate	Commissions/Bonus	Ending salary	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Pay rate	Commissions/Bonus	Ending salary	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Job duties: _____

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Address _____

City _____ State _____ Zip code _____ Phone _____

Beginning title: _____ Present title: _____

BEGINNING TOTAL EARNINGS				ENDING TOTAL EARNINGS			
Pay rate	Commissions/Bonus	Ending salary	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Pay rate	Commissions/Bonus	Ending salary	<input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.

Immediate supervisor's name / Position title: _____ May we contact for a reference? Yes No

Reason for leaving Resigned Laid off Discharged Other

Explain: _____

Account for other periods of time when not employed

Date	Activity

SUMMARIZE YOUR SPECIAL SKILLS, LIST EXPERIENCE OR QUALIFICATIONS INCLUDING ANY LICENSES OR CERTIFICATIONS THAT YOU BELIEVE WOULD HELP US TO EVALUATE YOUR QUALIFICATIONS.

EDUCATIONAL BACKGROUND

Circle highest grade completed	School	Major	Degree	Address
High School 1 2 3 4				
Trade/Bus. School 1 2 3 4				
College 1 2 3 4				
Graduate School 1 2 3 4				

Professional licenses or certificates held:

List any other related training or education:

U.S. MILITARY SERVICE

Have you served in the United States Armed Forces? YES NO

Please list special training received in connection with military service that relates to the position sought.

PROFESSIONAL REFERENCES

List professional references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

1. Reference

Work phone ()	Home phone ()	
Address		
City	State	Zip code
Relationship		

2. Reference

Work phone ()	Home phone ()	
Address		
City	State	Zip code
Relationship		

3. Reference

Work phone ()	Home phone ()	
Address		
City	State	Zip code
Relationship		

PLEASE READ CAREFULLY AND SIGN

Background Investigation and Release:

The information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact, as stated or implied, in my application, other employment documents or interview(s) may be sufficient reason for not hiring me and/or dismissal.

Employment-At-Will Agreement:

Further, I understand my employment at Freedom Communications, Inc. and any of its subsidiaries or affiliated entities, is on an "employment-at-will" basis and thus agree that my employment is for an indefinite period and may be terminated at any time, for any reason, with or without cause, by me or the employer without prior notice. I further understand and agree that this "employment-at-will" relationship will remain in effect throughout my employment with Freedom Communications, Inc. and any of its subsidiaries or affiliated entities, and cannot be modified except by a written contract that expressly negates this "employment-at-will" agreement and is signed by the associate, the Vice President of Human Resources, and the Chief Executive Officer of Freedom Communications, Inc. This statement constitutes the entire agreement between me and this Company on the subjects covered, overriding any prior communication. I understand that Freedom Communications, Inc., is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. I understand that no one other than the Chief Executive Officer has any authority to enter into any agreement contrary to the foregoing.

Drugs:

I also understand that possession, use, sale, purchase, or being under the influence of illegal drugs on the job will result in termination of employment.

Other Conditions of Employment:

As a condition of employment, I understand that I will be required to sign agreements confirming these policies. I further understand that I will be required to sign certain Associate Agreements, including the Mutual Agreement to Arbitrate Claims and the Agreement Relating To Confidentiality of Company Computer, Electronic, Telephonic And Other Information as a condition of employment. I understand that, if hired, I am required to abide by all rules and regulations of Freedom Communications, Inc., and to comply with all policies and procedures in the associate handbook, any policy and procedure manual or other communications to employees. I further understand that Freedom's policies and procedures are subject to modification without notice.



Be aware: At this facility, smoking is allowed in designated areas only.

Applicant's Signature _____

Date _____

APPLICANTS FOR PROFESSIONAL, SUPERVISORY OR MANAGEMENT POSITIONS SHOULD SUBMIT A COMPLETE PERSONAL RESUME.