



8447 Miramar Mall
 San Diego, CA 92121
 Bus (858) 646-4600
 Fax (858) 646-4686

EMPLOYMENT APPLICATION

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name
Address		City	State
		Zip Code	
Telephone Number	Alternate Number	Email Address	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States?
(Proof of eligibility will be required upon offer of employment) YES NO

Are you over the age of 18 years?
(If no, you may be required to provide authorization) YES NO

Can you with or without reasonable accommodation perform the essential functions of this job?
(If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES NO

Have you ever applied to Atel Communications, Inc. before? (If yes, please give date.) YES NO

Date: _____

Have you ever worked for Atel Communications, Inc. before? (If yes, please give date.) YES NO

Date: _____

Do you have relatives or friends working for Atel Communications, Inc.? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

On what date would you be available to work? _____ Employment desired: Full time or Part time

Any restrictions to days and hours available? (please explain)

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
College				
Graduate				
Vocational				

Describe any specialized training, apprenticeships, licenses or skills:

EMPLOYMENT HISTORY *(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary.*

Company Name & Address: _____

Employment dates: From: _____ To: _____ Phone Number _____

Name and Title of Supervisor: _____

Briefly describe your duties: _____

Company Name & Address: _____

Employment dates: From: _____ To: _____ Phone Number _____

Name and Title of Supervisor: _____

Briefly describe your duties: _____

Company Name & Address: _____

Employment dates: From: _____ To: _____ Phone Number _____

Name and Title of Supervisor: _____

Briefly describe your duties: _____

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by Atel Communications, Inc. (hereinafter referred to as "Atel Communications, Inc.") that such employment with Atel Communications, Inc. is at-will, with no specified duration and may be terminated by either Atel Communications, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Atel Communications, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Atel Communications, Inc. except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Atel Communications, Inc.,

In consideration for employment with Atel Communications, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of Atel Communications, Inc. at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Atel Communications, Inc. business, attendance and punctuality are considered essential requirements of every job at Atel Communications, Inc. and that poor attendance or tardiness will result in disciplinary action including but not limited to termination.

I understand that if offered a position with Atel Communications, Inc., I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Atel Communications, Inc. and/or any of its representatives, agents or vendors.

I understand that this application is considered current for one year (twelve months). If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

X: _____ X: _____
Signature Date

Name and number of person completing this form if other than applicant:

ATEL COMMUNICATIONS, INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, GENDER, GENDER IDENTITY, SEXUAL ORIENTATION, PREGNANCY, AGE, NATIONAL ORIGIN, ANCESTRY, PHYSICAL OR MENTAL DISABILITY, SEVERE/MORBID OBESITY, MEDICAL CONDITION, MILITARY OR VETERAN STATUS, GENETIC INFORMATION, MARITAL STATUS, ETHNICITY, ALIENAGE OR ANY OTHER PROTECTED CLASSIFICATION, IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.
