

Employment Application

Applicant Information

Full Name: _____ Date: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityStateZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to travel if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Skills

State why you believe you are qualified for this position: _____

Are you currently registered with the State of MN as a Power Limited Technician?:	No <input type="checkbox"/>	Yes, Unlicensed PLT <input type="checkbox"/>	Yes, Licensed PLT <input type="checkbox"/>	If yes, Registration No. and Expiration Date: _____
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Are you currently, or have you every been, affiliated with a local IBEW Union? No Yes If yes, which Chapter, and when? _____

Current Certifications Relevant to the Position: _____

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

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please sign and send your completed application to: email - info@tricom1.com / fax - 651-686-9999 / mail - see address below.

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.



TRICOM
COMMUNICATIONS, INC

Technology Systems Specialists
 1301 Corporate Center Dr., Suite 160
 Eagan, MN 55121
 651-686-9000

Applicant Name _____

Skills Questionnaire – Tools, Equipment, Estimating

General	Experienced	Somewhat Experienced	No Experience
Knowledge of color codes			
Knowledge of proper pin-outs			
Crimping tool			
Punch-down tool			
Drywall saw			
Level			
Fish tape			
Fire-stopping			
Grounding & bonding			
NFPA70: NEC CODE			
NFPA72: National Fire Alarm & signaling Code			
Copper (to 900 pr)			
Installation (pulling/routing)			
Termination			
Testing			
Largest pr count _____			
Tugger			
66/110 Block			
Fiber Optic (to 432 strand)			
Installation (pulling/routing)			
Splicing			
Terminating			
Testing			
Connectors: AFL Fuse Connect			
Corning Unicam			
Panduit Opticam			
Fusion splicer			
Testers			
Pair test			
Power meter / light source (OLTS)			
Fluke DSX Cable Analyzer			
OTDR			
Power Tools/Equipment			
Drill			
Powder actuated tool			
Lift work			

Estimating/Bidding	Experienced	Somewhat Experienced	No Experience
Blueprint reading			
Site surveys			
Measuring wheel			
Excel spreadsheets			
Programming & Set-Up			
Paging systems			
CATV Distribution systems			
Telephone systems			
Security CCTV			
Card Access Systems			
Distributed Antenna Systems (DAS) RF			
Certifications/Training	Yes	No	If yes, Date
Confined space			
Asbestos			
OSHA			
Power limited tech license			
Manufacturer Training:			
Ortronics			
Panduit			
Leviton			
JATC (# years completed _____)			
Other (please list)			

Licensed Power Limited Technician? Yes No If yes, expiration date of license: _____

Unlicensed (but Registered) Power Limited Technician? Yes No If yes, expiration date: _____

Test for Color Blindness. Match the color below with the number shown on the attached color list.

Color **Number**

Gray _____

Brown _____

Green _____

Yellow _____

Red _____

Purple _____

