

SIoux FALLS TOWER & COMMUNICATIONS

Employment Application



| APPLICANT INFORMATION | | | |
|--|------------------------------|-----------------------------|---|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| How did you hear about Sioux Falls Tower & Communications? | | | |
| Who referred you to Sioux Falls Tower & Communications? | | | |
| 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 so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |

| EDUCATION | | | |
|-------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| DRIVER'S LICENSES | | | | | |
|---|-------|-------------|-------|----------------|-----------------|
| | State | License No. | Class | Endorsement(s) | Expiration Date |
| Drivers licenses held in the past 3 years must be shown | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| ACCIDENT REVIEW FOR PAST 3 YEARS | | | |
|----------------------------------|--|------------|----------|
| Dates | Nature of Accident (head-on, rear-end, overturn, etc.) | Fatalities | Injuries |
| Last Accident | | | |
| Next Previous | | | |
| Next Previous | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

DRIVER EXPERIENCE AND QUALIFICATION

| | | |
|---|---|----|
| Date of Birth | <i>The US Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2))</i> | |
| Current Driver's License Number | | |
| Do you have, or have you ever held, a commercial driver's license? | <i>If yes, complete the following. If no, skip to next section.</i> | |
| Have you ever been denied a license, permit, or privilege to operate a motor vehicle? | Yes | No |
| Has any license, permit, or privilege ever been suspended or revoked? | Yes | No |
| Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? | Yes | No |
| If you answered "yes" to any of the above questions, please explain: | | |
| | | |
| | | |

REFERENCES*Please list three professional references.*

| | |
|--------------|--------------|
| 1. Full Name | Relationship |
| Company | Phone () |
| Address | |
| 2. Full Name | Relationship |
| Company | Phone () |
| Address | |
| 3. Full Name | Relationship |
| Company | Phone () |
| Address | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

PREVIOUS EMPLOYMENT

| | | | |
|---|-----------------|--------------------|------------------|
| 1. 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 2. 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 4. 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 5. 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

SIoux FALLS TOWER & COMMUNICATIONS JOB FUNCTIONS

All Sioux Falls Tower & Communications field employees must be able to perform the following essential functions with or without reasonable accommodation. Sioux Falls Tower & Communications is an equal opportunity employer with every intention of making reasonable accommodation to the handicapped in accordance with the Americans and Disabilities Act (ADA).

The following factors constitute essential functions for any field employee of Sioux Falls Tower & Comm. (This is not a job description)

| I am able, with reasonable accommodation if necessary, to perform all of the following essential job functions: | YES | NO |
|--|------------|-----------|
| 1. I am able to read, speak, understand, and write the English language at least to the 8 th grade level. | | |
| 2. I am able to perform mathematical calculations at the 8 th grade level in order to perform any addition, subtraction, multiplication, and division problems used in reporting or calculating rigging capacities. | | |
| 3. I can read and understand basic instruction sheets and manuals. | | |
| 4. I am able to lift up to 75 pounds. | | |
| 5. I am willing to work out of town 3 weeks at a time. | | |

If you answered "NO" to any of the job functions listed above, please explain:

| |
|--|
| |
| |
| |

Applicants will not necessarily be disqualified if they are unable to perform a specific function.

APPLICANT MUST READ AND SIGN

Sioux Falls Tower & Communications is an equal opportunity and "at will" employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability, or age.

I understand my employment with Sioux Falls Tower & Communications is for no definite length of time and may be terminated at any time, with or without cause, at the option of either Sioux Falls Tower & Communications or myself. I understand that no associate or representative of Sioux Falls Tower & Communications has any authority to make any agreement which is contrary to the foregoing.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information concerned to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and a drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no further reason.

It is agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508; I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. It is also agreed that under Department of Transportation section 382.413, I hereby authorize the company to obtain a driver motor vehicle report, drug screening, and a Department of Transportation physical examination.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all the entries on it and information in it are true and complete to the best of my knowledge.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|