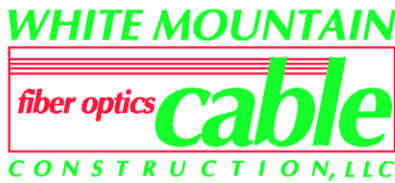


To be filled out by Company:

Date received: _____

Received by: _____



Post Office Box 459 • Epsom, New Hampshire 03234
(603) 736-4766 • US 1-800-233-7350 • FAX (603) 736-8163

APPLICATION FOR EMPLOYMENT

White Mountain Cable Construction, LLC is an equal opportunity employer. Qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other factors protected by law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the individual responsible for Human Resources.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications will be considered for vacancies, which arise during the 60-day period following submission. Applicants should complete an updated application if not contacted and/or hired during this 60-day evaluation period.

Please complete this form carefully, and in your own handwriting. Applicants should be extremely careful as they complete this application as any incomplete or inaccurate information discovered may result in disqualification of employment. If your answers or statements require additional space, please attach supplemental sheets containing your signature.

The Company is committed to maintaining a workplace free of the problems associated with drug and alcohol abuse. As such, all applicants are required to undergo testing as part of the pre-employment process. If you currently use illegal drugs, we suggest that you not complete the application process. A positive drug test will result in disqualification from employment or withdrawal of any employment offer.

Position Sought: _____ **Date:** _____

Location: _____

First	Middle	Last	Contact Phone Number			
Are you legally authorized to work in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the expiration date? _____						
<small>NOTE: New employees will be required to substantiate proof that they are eligible to work in the United States in compliance with the Immigration Reform and Control Act of 1986.</small>						
Present Address		City	State	Zip	From	To
Previous Addresses						
Position Desired?		How soon could you start work?		Salary expected:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		Could you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No _____%				
How did you learn about the Company? <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> High School recruitment <input type="checkbox"/> Newspaper ad <input type="checkbox"/> College recruitment						
<input type="checkbox"/> Current Employee (Name: _____) <input type="checkbox"/> Former Employee (Name: _____) <input type="checkbox"/> Other						
Have you ever worked for the Company, or a current or former subsidiary or affiliate?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify where, when and your reason for leaving:						

Are you related to any employee of the Company or any of its subsidiaries and/or affiliates?

Yes No

If yes, give that employee's name, your relationship and their department:

SHOW PRESENT AND PAST EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT:

Employment Dates Month/Year	Employment	Salary		Duties	Position/Supervisor	Reason for Leaving
		Start	Final		Telephone Number	
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					
From	Co. Name	\$ _____	\$ _____			
To	Address	Per _____				
	Type of Business					

EXPLAIN ALL UNEMPLOYMENT INTERVALS EXCEEDING TWO WEEKS

Dates	State your activities during this period	Can someone verify your activities during this period? If yes, please list name and current telephone number. If no, explain.

Does your present employer know of your plans to change employment?

Yes No

Why do you desire to make a change?

REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN

Have you ever served in the U.S. Armed Services?

Yes No

If so, what branch or branches?

Rank at time of discharge

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

NAME AND LOCATION	GRADUATED	
HIGH SCHOOL	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COLLEGE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GRADUATE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROFESSIONAL LICENSE & ACTIVITIES (Exclude organizations, the name or character of which indicates the race, creed, color, religion, gender, Disability or national origin of its members.)

Type of License	State / License #/Expiration	ACTIVITIES (Civic, athletic, fraternal, etc.)

Please summarize special skills, qualifications or experience which make you suitable for the position you seek

APPLICANT'S STATEMENT

- (A) In consideration for the Company's review of this application, I authorize investigation of all statements contained in this application. My cooperation includes authorizing the Company to conduct a post-offer, pre-employment drug screen and medical assessment, and when requested by the Company a consumer report that includes, but is not limited to a motor vehicle (where applicable) and criminal history examination. Additionally, I authorize the Company, in consideration for the Company's review of this application, to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal or proper interest.
- (B) As a candidate for employment, I realize that the Company requires information concerning my past work performance, background, and qualifications. Much of this information may only be supplied by my prior employers. In consideration for the Company evaluating my application, I request that the previous employers referenced above provide information to the Company's human resource representatives or designees concerning my work performance, my employment relationship, my qualifications, and my conduct while an employee of their organizations. Recognizing that this information is necessary for the Company to consider me for employment, I release these prior employers and waive any claims, which I may have against those employers for providing this information. I also recognize that if I include a current employer for verification, I may jeopardize my position within that company.
- (C) I understand that this application or anything said during the interview process is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the Company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the President of the Company, or his/her pre-authorized designee, has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President.
- (D) In the event of my employment with the Company, I will comply with all rules and regulations as set forth in the Company's policy manuals, other communications distributed to employees and company procedures. I understand and agree that my employment is for no definite period and that failure to comply with these standards may result in my termination at any time and without any previous notice.
- (E) I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that misrepresentation or omission of facts will result in disqualification from further consideration for hire or, if employed, my dismissal.
- (F) I hereby acknowledge that I have read the above statement and understand the same.

Application Date: _____ Applicant's Signature: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER