



MaxxSouth® reserves the right to conduct pre-employment tests, including a physical examination, which includes a drug screen.

We are an equal opportunity employer. Discrimination on the basis of race, color, religion, national origin, age, or sex is prohibited. If you believe that you have been discriminated against, you may notify the Federal Communications Commission or the EEOC.

105 Allison Cove  
Oxford, MS 38655

### EMPLOYMENT APPLICATION

(Please answer all questions)

Date \_\_\_\_\_ Have you ever been employed by MaxxSouth or any Affiliates?\* YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please state the company and dates of employment \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ / \_\_\_\_\_ Cell: \_\_\_\_\_  
(Day) (Evening)

E-mail address: \_\_\_\_\_

Salary requirements: \_\_\_\_\_ Are you under 18? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any relatives currently employed by MaxxSouth or its affiliates? \*  
YES \_\_\_\_\_ NO \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Contingent  Other: \_\_\_\_\_

Date available: \_\_\_\_\_ Hours available: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Where did you hear about this opening? \_\_\_\_\_  
(required for consideration)

**EXPERIENCE AND SKILLS:** Summarize the experience/skills acquired from other employment that may help qualify you.

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#### EDUCATIONAL BACKGROUND

<u>Level</u>	<u>Name of School</u>	<u># Years Co mpleted</u>	<u>Degree/Diploma**</u>	<u>Course or Major</u>
High School			GED <input type="checkbox"/> or ___ Yes ___ No	
College			___ Yes ___ No	
Post Graduate			___ Yes ___ No	
Business or Trade			___ Yes ___ No	
Other			___ Yes ___ No	

\*\* Verified if offer is made.

Have you ever been convicted of a criminal offense? \*\*\* \_\_\_\_\_ Yes No (This includes DUI, DWI, and OVI)

If yes, please explain: \*\*\*\* \_\_\_\_\_

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\* Affiliated Companies include: Buckeye CableSystem, Buckeye Telesystem, Metro Fiber and Cable Construction, Toledo Blade, and Erie County Cablevision

\*\* Verified if offer is made

\*\*\* Legal record verified if offer is made

\*\*\*\* Convictions will not automatically disqualify an applicant

## EMPLOYMENT HISTORY

List present and past employment, including any Military history, listing your most recent history first

**All information must be completed for consideration**

DATES	NAME, ADDRESS, PHONE # OF EMPLOYER	RATE OF PAY	REASON FOR LEAVING EMPLOYMENT
From		Start \$	
To		Finish \$	
Give title(s) and general description of the work you did. List all immediate supervisors you worked for and their phone numbers.			
<hr/>			
DATES	NAME, ADDRESS, PHONE # OF EMPLOYER	RATE OF PAY	REASON FOR LEAVING EMPLOYMENT
From		Start \$	
To		Finish \$	
Give title(s) and general description of the work you did. List all immediate supervisors you worked for and their phone numbers.			
<hr/>			
DATES	NAME, ADDRESS, PHONE # OF EMPLOYER	RATE OF PAY	REASON FOR LEAVING EMPLOYMENT
From		Start \$	
To		Finish \$	
Give title(s) and general description of the work you did. List all immediate supervisors you worked for and their phone numbers.			

(List any additional employers on a separate sheet as needed.)

May we contact the employers listed?     Yes     No If not, indicate which ones you do not wish us to contact and why.

Please use this space for any additional information you wish to volunteer about yourself.

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### **READ CAREFULLY BEFORE SIGNING**

In making this application for employment, it is understood that an investigation report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I certify the above information is correct and truthful. I realize, too, that falsification of any information on this application may be grounds for rejection of this application, or termination of employment, depending upon when the falsification is discovered. I also give consent for you to check with previous employers, and to secure additional job-related information about me, and release your company and previous employers from any liability arising from disclosure of information concerning my past employment history. I further understand the acceptance of this form does not constitute an employment agreement.

In consideration of my employment, I agree to conform to the rules and regulations of MaxxSouth® and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of MaxxSouth® other than the president of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I agree that any claim or lawsuit relating to my service with MaxxSouth or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that if hired, this application will become part of my official employment record. I have read and understand the contents of this employment application and am fully able and competent to complete it.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# INVITATION TO IDENTIFY APPLICANTS

MaxxSouth is subject to governmental recordkeeping and reporting requirements. To comply with these requirements, and ensure accurate reporting, we invite you to voluntarily complete the self-identify information requested below.

**PROVIDING THIS INFORMATION IS STRICTLY VOLUNTARY. IF YOU CHOOSE NOT TO PROVIDE IT, THERE WILL BE NO ADVERSE EFFECT ON YOUR CONSIDERATION FOR EMPLOYMENT. ANY INFORMATION YOU PROVIDE WILL BE HELD CONFIDENTIAL.**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Position Applied for** (*List one only*) \_\_\_\_\_

**Referral Source** (Ad, Employee Referral, etc.) \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Are you Hispanic or Latino?** Yes \_\_\_\_\_ No \_\_\_\_\_ (*If yes, do not check a race category*)

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

**Race:** (*Please check only one race category*)

\_\_\_\_\_ **Caucasian (Not Hispanic or Latino)** *a person having origins in any of the original peoples of Europe, the Middle East or North Africa*

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino)** *a person having origins in any of the black racial groups of Africa*

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** *a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands*

\_\_\_\_\_ **Asian (Not Hispanic or Latino)** *a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam*

\_\_\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** *a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment*

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino)** *All persons who identify with more than one of the above five races*

**Veteran Status:** (*Please check as many categories as apply*)

\_\_\_\_\_ **Disabled Veteran** – (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) was discharged or released from active duty because of a service-connected disability.

\_\_\_\_\_ **Recently Separated Veteran** – A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. Military, ground, naval or air service. Please provide date of discharge or release:  
\_\_\_\_\_

\_\_\_\_\_ **Armed Forces Service Medal Veteran** – A veteran, who while serving on active duty in the U.S. Military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

\_\_\_\_\_ **Other Protected Veteran** – A veteran who served on active duty in the U.S. Military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. (Information required to make this determination may be found at <http://www.opm.gov/veterans/html/vgmedal2.asp>, or call (301) 306-6752 and request a copy of the list be mailed to you.

**MaxxSouth is an equal opportunity and affirmative action employer  
and considers all applicants for employment based on non-discriminatory, job-related factors.**