UNITED COMMUNICATIONS GROUP INC.

Employment Application

Last Name	First	N	I.I.	Date
Street Address		Aparti	nent/Unite	#
City	State		Zip	
Phone	E-mail A	Address		
Date Available	Social Security No.]	Desired Sala	ary
Position Applied for				
How did you hear about	United Communications Gro	up?		
Who referred you to Un	ted Communications Group?)		
Are you a citizen of the work in the U.S.? YE		NO If	no, are you	authorized to
Have you ever worked for	or this company? YES	NO	If so, when	?
Have you ever been conv	victed of a felony? YES	NO	If yes, exp	lain
EDUCATION				
High School	Address			
From To	Did you graduate?	YES N	O Degre	ee
College	Address			
From To	Did you graduate?	YES	NO Deg	ree

DRIVER"S LICENSES

Drivers licenses held in the past 3 years must be shown

State

License No.			
Class	Endorsement(s)	Expiration	Date
ACCIDENT	REVIEW FOR PAST 3 YEARS		
Dates	Nature of Accident	Fatalities	Injuries
Last Accide	nt		
Next Previo	us		
Next Previo	us		
THAN PARE	ONVICTIONS AND FOREFEITURES KING VIOLATIONS	FOR THE PAST 3 YEA	ARS OTHER
Location			
Date			
Charge			
Penalty			
	PERIENCE AND QUALIFICATION		
	iver's License Number e, or have you ever held, a commerc	ial driver's license	
If Yes, comp	olete the following. If no, skip the n	ext section.	
vehicle?	ver been denied a license, permit, or YES NO		
YES NO	ense, permit, or privilege ever been	•	
	ver been disqualified for violations of the YES NO	of the Federal Motor C	Carrier Safety
If you answ	ered " yes" to any of the above ques	tions, please explain:	
REFERENCE Please list t	ES Three professional references.		
1. Full Nam	e Re	elationship	
Company	y Pho	one ()	

Address				
2. Full Name		Relationshi	p	
Company		Phone ()		
Address				
3. Full Name		Relationshi	p	
Company		Phone ()		
Address				
MILITARY SERVI	CE			
Branch		From	То	
Rank at Discharge	e	Type of Disch	ıarge	
If other than hone		V F	8	
PREVIOUS EMPL	OYMENI			
1. Company		Phone ()		
Address		Supervisor		
Job Title	Startin	g Salary \$ Ending	Salary \$	
Responsibilitie	es			
From	To			
Reason for Lea	ving			
May we contact YES NO	t your previous s	upervisor for a referen	ce?	
2. Company		Phone ()		
Address		Supervisor		
Job Title		g Salary \$ Salary \$		
Responsibilitie	es			
From	To			
Reason for Lea	iving			

3. Company		Phone	()
Address		Superv	isor
Job Title	Starting Ending S	Salary \$ alary \$	
Responsibiliti	ies		
From	To		
Reason for Le	eaving		
May we contac YES NO	ct your previous s	ipervisor for a r	eference?
4. Company		Phone	()
Address		Superv	isor
Job Title	Starting	Salary \$ I	Ending Salary \$
Responsibiliti	ies		
From	To		
Reason for Le	eaving		
May we contac YES NO	ct your previous s	ipervisor for a r	eference?
		Phone	()
5. Company			_
Address		Superv	
Address Job Title		Superv	isor Ending Salary \$
Address		Superv	
Address Job Title		Superv	

UNITED COMMUNICATIONS GROUP INC. JOB FUNCTIONS

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

The following factors constitute essential functions for any field employee of United Communications Group. (This is not a job description)

- 1. I am able, with reasonable accommodation if necessary, to perform all of the following essential job functions: YES NO
- 2.I am able to read, speak, understand, and write the English language at least to the 8th grade level. YES NO
- 3. I am able to perform mathematical calculations at the 8th grade level in order to perform any addition, subtraction, multiplication, and division problems used in reporting or calculating rigging capacities. YES NO
- 4. I can read and understand basic instruction sheets and manuals. YES NO
- 5. I am able to lift up to 75 pounds. YES NO
- 6. I am willing to work out of town 6 weeks at a time. YES NO

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

United Communications Group 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 United Communications Group is far no definite length of time and may be terminated at any time, with or without cause, at the option of either United Communications Group or myself. I understand that no associate or representative of United Communications Group 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 is 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 my 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.