

Employment Application

CACI Communications, LLC
14300 West 97th Terr., Lenexa, KS 66215
816.254.9200 Phone 816.254.9201 Fax

CACI Communications, LLC, an equal opportunity employer, who affords equal opportunity to all for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal law.

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on application. None of the questions on this form are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position(s) Applied for: _____ Today's Date: _____

Are you seeking: Full-time Part-time Temporary employment? When are you available to work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip

Are you 18 years or older? Yes No (if you are hired you may be required to submit proof of age)

Do you hold a valid driver's license? Yes No Specify Class of license you hold _____

Social Security Number: _____ If hired, can you furnish proof you are eligible to work in the U.S. Yes No

Have you ever applied here before?..... Yes No If yes, when? _____

Were you ever employed here?..... Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?..... Yes No

If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered)

Is anyone related to you employed at CACI Communications, LLC..... Yes No

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job?..... Yes No

If yes, please explain: _____

Can you with or without reasonable accommodation perform the essential functions of this job?..... Yes No

(If you have any question about the functions of the job, please ask the interviewer before answering this question.)

Education

| | Name & Location | Course of Study | Years Completed | Diplomas or Degrees |
|-------------------|-----------------|-----------------|-----------------|---------------------|
| Elementary School | | | | |
| High School | | | | |
| College | | | | |
| Vocational School | | | | |

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, national origin, age, disabilities or veteran status.) _____

Describe any specialized training, apprenticeships, licenses or skills you have. _____

Have you received any job-related training in the United States Military: Yes No

Please give dates and explanation: _____

Begin with your present or most recent employer. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Attach additional paper if necessary.

| | |
|-----------------------------|---|
| Company Name | Job Title and Duties |
| Address | Dates of Employment From: To: |
| City, State, Zip Code | Beginning Pay: /hr Ending Pay: /hr |
| Supervisor (Name and Title) | Reason for Leaving |
| Company Name | Job Title and Duties |
| Address | Dates of Employment From: To: |
| City, State, Zip Code | Beginning Pay: /hr Ending Pay: /hr |
| Supervisor (Name and Title) | Reason for Leaving |
| Company Name | Job Title and Duties |
| Address | Dates of Employment From: To: |
| City, State, Zip Code | Beginning Pay: /hr Ending Pay: /hr |
| Supervisor (Name and Title) | Reason for Leaving |

Are you presently employed?Yes No
If yes, may we contact your present employer?Yes No

Provide three references not related to you. Previous supervisors are acceptable.

Name: Address: Phone:

Please provide any other information that you feel will help us in considering your application for employment.

I certify that all of the information provided by me in this application and accompanying documents are true and complete. I understand that false representation or omission of any fact will be cause for denial of employment or termination of employment.

In consideration for employment with CACI Communications, LLC, if employed, I agree to conform to the rules, regulations, policies and procedures of CACI Communications, LLC at all times and understand that such conformity is a condition of employment. I understand attendance and punctuality are considered essential requirements of every employee and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with CACI Communications, LLC, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CACI Communications, LLC and /or any of its representatives, agents or vendors. I relinquish parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application will be current for three months. If I wish to be considered for employment after this period I will fill out and submit a new application.

I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without written notice.

By typing my name below, I acknowledge that I have read, understand and agree with the above statements.

Signature

Date