



Employment Application

Please complete each section entirely. If a particular section is not applicable, please place **N/A** in the blank.

PERSONAL

Full Name: _____ Social Security No.: _____
(Last) (First) (M.I)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: () _____ Business Number: () _____

Cell or Pager Number: () _____ Email Address: _____

Other name(s) and/or social security number(s) under which you have worked: _____

Identify the specific job(s) or position(s) you are applying for. **(Do not write "any")**. Your application will not be considered if you do not specify the job(s) or position(s) you are seeking.

What is your salary requirement? _____ What is your availability? *(In the event you are hired)* _____

Are you available to work any shift, including weekends and/or holidays? **Yes:** **No:**

Overtime is mandatory when assigned. Are you available to work overtime? **Yes:** **No:**

REFERRAL INFORMATION:

How did you learn about the Company? (Select one)

Advertisement Employment Ad Walk-In Our Website Recruiting Firm

Current WAVECOM SOLUTIONS Employee (Name): _____ Other: _____

EDUCATION AND TRAINING

Select the last grade completed:

High School 9 10 11 12 **College** 1 2 3 4 **Graduate School** 1 2 3 4

	School	Location	Major	Diploma/Degree?
High School				
College or University				
Graduate School				
Technical or Vocational School				

(Diploma or documented verification may be required.)

List any licenses, certificates, skills or professional affiliations or achievements that support your application:

List any foreign languages you speak: _____

Special schools/training: _____

EMPLOYMENT HISTORY

PLEASE DO NOT SUBSTITUTE A RESUME. List all work experience, paid or unpaid, and volunteer jobs that you wish to have considered as part of your qualifications for the position that you are seeking. List present or last employer first, and each prior employer for whom you have worked. Use additional pages if necessary. You may be required to provide verification of current earnings.

Please list your last six employers:

Employer:		Type of Business:	
Company Address:		Company Telephone No.:	
Job Title:		Dates: From:	To:
Supervisor Name/Title:		May we contact?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Hourly/Yearly Base Pay:	Starting: \$ / yr or mo Final: \$ / yr or mo	Additional Pay:	\$
Duties/Responsibilities:			
Reason for Leaving?			
Employer:		Type of Business:	
Company Address:		Company Telephone No.:	
Job Title:		Dates: From:	To:
Supervisor Name/Title:			
Hourly/Yearly Base Pay:	Starting: \$ / yr or mo Final: \$ / yr or mo	Additional Pay:	\$
Duties/Responsibilities:			
Reason for Leaving?			
Employer:		Type of Business:	
Company Address:		Company Telephone No.:	
Job Title:		Dates: From:	To:
Supervisor Name/Title:			
Hourly/Yearly Base Pay:	Starting: \$ / yr or mo Final: \$ / yr or mo	Additional Pay:	\$
Duties/Responsibilities:			
Reason for Leaving?			
Employer:		Type of Business:	
Company Address:		Company Telephone No.:	
Job Title:		Dates: From:	To:
Supervisor Name/Title:			
Hourly/Yearly Base Pay:	Starting: \$ / yr or mo Final: \$ / yr or mo	Additional Pay:	\$
Duties/Responsibilities:			
Reason for Leaving?			

Employer:		Type of Business:	
Company Address:		Company Telephone No.:	
Job Title:		Dates:	From: To:
Supervisor Name/Title:			
Hourly/Yearly Base Pay:	Starting: \$ / yr or mo Final: \$ / yr or mo	Additional Pay:	\$
Duties/Responsibilities:			
Reason for Leaving?			
Employer:		Type of Business:	
Company Address:		Company Telephone No.:	
Job Title:		Dates:	From: To:
Supervisor Name/Title:			
Hourly/Yearly Base Pay:	Starting: \$ / yr or mo Final: \$ / yr or mo	Additional Pay:	\$
Duties/Responsibilities:			
Reason for Leaving?			

HISTORY

Have you ever worked for any companies affiliated with Wavecom Solutions or its subsidiaries?

Yes No If yes, please give date(s), location(s) and job title(s): _____

Do you know, or are you acquainted with current employees of Wavecom Solutions or its affiliates, including this Company? If yes, list those employees known to you and their relationship to you:

Yes No _____

Do you wish to have the above employee(s) listed considered as references regarding this position? Yes No

REFERENCES

Please list **three (3) business references** we can contact who are able to evaluate your knowledge and abilities related to the job(s) or position(s) you are applying for, and who are not employees of Wavecom Solutions or its affiliate companies.

	1	2	3
Name:			
Title:			
How do you know this person?			
Company:			
Address:			
Email Address:			
Phone Number:			

JOB DESCRIPTION/FUNCTIONS

I have reviewed the job description and understand the essential functions and duties required for this position.

Applicant's Initials

Are you able to perform the essential functions and duties of this job with or without reasonable accommodation? Yes No

NOTE:

It is the policy of the Company to hire only U.S. citizens and aliens who are authorized to work in this country. *(As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)*

Please read the following carefully before signing this application:

Wavecom Solutions, its affiliates and/or subsidiaries (the Company) are equal opportunity employers and do not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability, veteran status or any other protected class.

Wavecom Solutions maintains a Drug Free Workplace. Effective October 13, 2003, we conduct Pre-employment Drug and Alcohol Testing. Please refer to our *APPLICANT TESTING FOR ALCOHOL & DRUGS* Policy.

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Wavecom Solutions, and its affiliates and/or subsidiaries.

I certify that any and all statements which I have set forth in this application are true and correct. I also recognize that any false information, omissions and/or misrepresentations made herein will cause rejection of my application, and if such false information, omission and/or misrepresentation is discovered after my employment, the Company, in its sole discretion, may terminate my employment.

I authorize Wavecom Solutions, its affiliates and/or subsidiaries to make inquiries concerning my previous employment and the information I have provided in this application; and in the event of my employment by Wavecom Solutions to provide any other employers with whom I may subsequently make application with information concerning my employment. I hereby release Wavecom Solutions and all persons and employers or prospective employers from any liability arising out of the exchange of such information. I further understand that my employment by Wavecom Solutions, its affiliates and/or subsidiaries is contingent upon signing the Company's Employee Agreement.

I understand and agree that, if hired, the employment relationship between myself and Wavecom Solutions, its affiliates and/or subsidiaries may be terminable at will and at the option of either party and that no promises, guarantees, obligations or contract of employment, either expressed or implied have been offered to or by me or are created by this application for employment or by any subsequent employment.

It is understood that the use of this form does not indicate that there are any positions open or jobs available, and does not in any way obligate the Company to consider me for employment. This application will remain active and on file with the Company for six (6) months from the date signed.

Applicant's Signature (Application is not valid without signature)

Date

Please mail completed application or deliver to the following Wavecom Solutions office:

Wavecom Solutions
Attn: Human Resources Manager
1132 Bishop Street
Suite 800
Honolulu, Hawaii 96813
Human_Resources@wavecomesolutions.com
(808) 791-3068