

**CABLEVISION COMMUNICATIONS, INC.
IS A DRUG FREE WORKPLACE.
MANDATORY DRUG TESTS ARE GIVEN
PRIOR TO EMPLOYMENT.**

**EMPLOYMENT
APPLICATION**

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation

- 1 Complete all four pages.
- 2 Print clearly. Incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION
- 3 Provide only requested information. Failure to do so may result in disqualification of your application.
- 4 Some packets may include an EEOC Self Identification Form. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool
 For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____
 *Reasonable efforts will be made to accommodate sincerely held religious beliefs.

JOB-RELATED SKILLS

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
 Yes No Do you understand these essential functions?
 Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential function of the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Are you licensed/certified for the job applied for?
 Name of license/certifications: _____
 License/certification number: _____ Issuing State: _____
 Yes No Has your license/certification ever been revoked or suspended?
 If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. **FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY**

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

FOURTH MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$ 100."

Maryland applicants, please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
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Massachusetts Applicants: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Rhode Island Applicants: The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERMISSION TO WORK IN THE UNITED STATES

Yes No Are you legally eligible to work in the United States?

Proof of employment eligibility will be required if hired.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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Cablevision Communications, Inc.

P.O. Box 2768, Alamogordo, NM 88311-2768

55 US Highway 82, Alamogordo, NM 88310

TO WHOM IT MAY CONCERN:

I, _____, AUTHORIZE MENICUCCI INSURANCE AGENCY TO RUN MY MOTOR VEHICLE REPORT. THESE CONFIDENTIAL REPORTS SHALL BE SHARED WITH CCI TO BE USED FOR PRE-EMPLOYMENT OR EMPLOYMENT RELATED PURPOSES ONLY.

I ACKNOWLEDGE "SAFETY-SENSITIVE POSITION" IS DEFINED TO MEAN: "A POSITION IN WHICH PERFORMANCE BY A PERSON UNDER THE INFLUENCE OF DRUGS OR ALCOHOL WOULD CONSTITUTE AN IMMEDIATE OR DIRECT THREAT OF INJURY OR DEATH TO THAT PERSON OR ANOTHER."

SIGNATURE OF APPLICANT

DATE

NAME ON LICENSE: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE # _____

STATE _____