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EQUAL OPPORTUNITY EMPLOYER

PRE-EMPLOYMENT APPLICATION

DATE _____

PERSONAL INFORMATION

NAME (LAST, FIRST AND MIDDLE INITIAL)			SOCIAL SECURITY NO.		
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NO.	STATE	TYPE	EXPIRATION DATE	
VEHICLE YEAR, MAKE AND MODEL		VEHICLE TAG NO. AND STATE ISSUED			
DATE OF BIRTH	TELEPHONE NO.	PAGER NO. (If Any)		MARITAL STATUS	
EMAIL ADDRESS					
LIST 2 PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY (Name and Telephone No.)					
1.			2.		
LIST DRIVING INFRACTIONS IN THE LAST 10 YEARS (If hired, a copy of your DMV record be required)					
HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE A DETAILED EXPLANATION BELOW:			
CAN YOU OBTAIN A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
FOR SECURITY REASONS, DRUG TESTING IS REQUIRED. ARE YOU WILLING TO SUBMIT TO RANDOM DRUG TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO					

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE, TRADE, BUSINESS SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
GENERAL SUBJECTS OF SPECIAL STUDY/RESEARCH WORK					
SPECIAL TRAINING/SKILLS					

U.S. MILITARY RECORD

BRANCH OF SERVICE	FROM / TO	DUTIES	RANK	DISCHARGE DATE

EMPLOYMENT (START WITH MOST RECENT)

DATE, MONTH AND YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	POSITION HELD	STARTING SALARY	FINAL SALARY
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REASON FOR LEAVING (START WITH MOST RECENT)

1	
2	
3	
4	

REFERENCES

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if, employed, falsified statements on this application shall be grounds for dismissal. I authorize N to N Fiber Inc., and its representatives to investigate all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release N to N Fiber Inc., and its representatives from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of N to N Fiber Inc., 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, unless it is in writing and signed by the stockholders of the company, namely, Stephen Noone or Lyle Nordquist.

Date	Signature
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DO NOT FILL OUT BELOW THIS LINE

INTERVIEWED BY			DATE
REMARKS			
NEATNESS	CHARACTER	PERSONALITY	
HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION	WILL REPORT TO	SALARY/WAGES