

RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by Can-Am Communications, Inc. that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, workers compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary and criminal records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application, (2) reliance by such persons on the information obtained pursuant to this authorization, (3) compliance with or any attempt to comply with this authorization, and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

PLEASE PRINT CLEARLY

SIGNATURE OF APPLICANT EMPLOYEE

DATE

PRINT FULL NAME

ADDRESS

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

DATE OF BIRTH

DRIVERS LICENSE NUMBER

STATE

SOCIAL SECURITY NUMBER

LAST NAME AS IT APPEARS ON LICENSE

Please list all states and counties therein that you have lived in for the past 7 years.

STATE

COUNTY

FROM

TO

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



CAN-AM COMMUNICATIONS INC.

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

UNDERGROUND

AERIAL

PERSONAL INFORMATION

| | | |
|--|------------------|----------------|
| Name: (Last) | (First) | Social Sec. #: |
| Present Address: | | |
| Permanent Address: | | |
| Are you 18 years or older? | Phone Number () | |
| In case of emergency notify: (Name) | Phone Number () | |
| Do you have the legal right to work in the United States? ()Yes ()No | | |

EMPLOYMENT DESIRED

| | | |
|--|--|--|
| Position | Date You Can Start: | Salary Desired: |
| Are you employed now? | May we contact your present employer? | |
| Ever applied to Can-Am? | When? | |
| Ever worked for Can-Am? | When? | Supervisor's name? |
| Who referred you to this company? | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Other |
| <input type="checkbox"/> Can-Am Employee | <input type="checkbox"/> College Placement Service | <input type="checkbox"/> Walked In <input type="checkbox"/> Friend |

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION | SUBJECTS STUDIED | DID YOU GRADUATE? |
|------------------|-------------------|------------------|-------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE / BUSINESS | | | |

GENERAL

| |
|---|
| Do you have any special training or skills? |
| |

FORMER EMPLOYERS

List below your past employers for at least the last 5 years. If you require more space, please attach an additional sheet. Start with your last employer first.

| | | |
|--|------------------------------|---------------------|
| Current Employer's name: | | |
| Address: | Phone Number () | |
| Job title: | Supervisor's name: | |
| May we contact your Supervisor? | Start Date | Leaving Date |
| Weekly starting salary: | Weekly final salary: | |
| Description of duties: | | |
| Reason for leaving: | | |

| | | |
|--|------------------------------|---------------------|
| Current Employer's name: | | |
| Address: | Phone Number () | |
| Job title: | Supervisor's name: | |
| May we contact your Supervisor? | Start Date | Leaving Date |
| Weekly starting salary: | Weekly final salary: | |
| Description of duties: | | |
| Reason for leaving: | | |

| | | |
|--|------------------------------|---------------------|
| Current Employer's name: | | |
| Address: | Phone Number () | |
| Job title: | Supervisor's name: | |
| May we contact your Supervisor? | Start Date | Leaving Date |
| Weekly starting salary: | Weekly final salary: | |
| Description of duties: | | |
| Reason for leaving: | | |

| | | |
|--|------------------------------|---------------------|
| Current Employer's name: | | |
| Address: | Phone Number () | |
| Job title: | Supervisor's name: | |
| May we contact your Supervisor? | Start Date | Leaving Date |
| Weekly starting salary: | Weekly final salary: | |
| Description of duties: | | |
| Reason for leaving: | | |

REFERENCES: List below three persons not related to you, whom you have known for at least one year.

| Name | Address | Phone Number |
|------|---------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |

SERVICE RECORD

| | |
|-----------------------|-----------------------------|
| Branch of service: | Discharge Date Rank: |
| Date obligation ends: | |

SPECIAL QUESTIONS

| | | |
|---|--|--|
| Are you able to perform the following job functions: | | |
| Lift and utilize weights up to 90 lbs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Lift 40 lbs. to shoulder height? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ascend and descend utility poles and ladders? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What foreign languages do you speak? | Read | Write |
| Have you ever been convicted of a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (Note: Listed convictions are not an automatic disqualification from employment) |
| Please describe: | | |

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause or with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I also understand should I willingly damage, break, or lose tools or materials, that I will be held responsible for the loss of such, and by signing this application, I authorize the deduction from my pay the amount of the replacement or repair cost.

Signature: _____ **Date:** _____