

IN ON

E-mail: getitdone@inoncable.com

Web Page: inoncable.com

To be considered for employment, all applicants are:

1. REQUIRED: PASS A STATE AND FEDERAL BACKGROUND CHECK.
2. REQUIRED: PASS A DRUG TEST
3. REQUIRED: TO HAVE A VALID FLORIDA DRIVERS LICENSE
4. REQUIRED: TO HAVE A VALID SOCIAL SECURITY NUMBER

Additional requirements for employment as a technician are:

1. PREFERRED: WHITE COMMERCIAL VAN OR PICKUP TRUCK.
2. REQUIRED: A CURRENT VEHICLE INSURANCE POLICY WITH LIMITS OF 100/300/50.
3. ASK YOUR INSURANCE COMPANY TO LIST, TINA MALDONADO, 1167 MIRANDA LANE KISSIMMEE, FLORIDA 34741 AS INTERESTED PARTY, OR POINT OF CONTACT.
4. THIS ONLY, ALLOWS IN ON TO VERIFY YOU HAVE VALID AND PROPER INSURANCE.

IF YOU HAVE ANY QUESTIONS OR IF YOU HAVE NOT BEEN CONTACTED WITHIN 10 DAYS -
EMAIL: tina.maldonado@inoncable.com FOR MORE INFORMATION

OSCEOLA COUNTY
1167 MIRANDA LANE
KISSIMMEE, FL. 34741

ORANGE COUNTY
8503 FOREST CITY ROAD
ORLANDO, FL. 32810

BREVARD COUNTY
2445 W. KING ST. # 207
COCOA, FL. 32922

APPLICANTS KEEP THIS PAGE

Name _____ Address _____

City _____ State _____ Zip _____ Phone# _____

SS# _____ / _____ / _____ Driver License # _____

Expiration _____ Class _____ City _____ State _____

Vehicle Make _____ Model _____ Year _____ Color _____

Vehicle Insurance Company _____

Is your driver license valid? Yes No Is your auto insurance current and up-to-date? Yes No

How did you hear about us _____

Email Address: _____

Closest Relatives Address _____

Closest Relatives Name _____ Phone # _____

Other areas of residence in previous 5 years:

City _____ State _____ Zip _____ From / / To / /

City _____ State _____ Zip _____ From / / To / /

List any skills

List previous Employers

Company _____ Company _____

Supervisor _____ Supervisor _____

Phone # _____ Phone # _____

From / / To / / From / / To / /

Applicant Signature _____ Date _____

Applicants Questions

Please answer the following questions “yes” or “no

ALL APPLICANTS

Yes No To apply, you may not need to have experience, but it is helpful. Do you have enough experience to meet the requirements of the position you are applying for?

Yes No To apply, you do not need the experience necessary to begin work immediately, would you like to apply for the paid training program?

Yes No If hired, this position requires every person to report to work in all types of weather. Are you physically and mentally able to report, in all weather conditions including, extreme heat, cold, and rain?

Yes No This company is a drug free work place and requires background checks and drug testing of all new applicants. Do you agree to allow these checks and tests?

Yes No Have you been convicted of a misdemeanor or felony with in the last seven years?

Yes No This company is a strict follower of Policy, Procedure, Protocol (PPP) and uses the Chain Of Support (COS) as means of resolution for all employees. Will you learn and follow the (PPP) & the (COS) ?

Yes No If hired, I agree to use the “IRC” (Issue Resolution Contract) to report any past, present and future company issues that need resolution, to the President of IN ON.

Yes No If hired, I agree to sign a good faith Employment Agreement.

TECHNICIAN APPLICANTS ONLY

Yes No If hired, I agree to have a (CPR) Cell phone package with direct connect radio, texting internet access with a camera option or sign an agreement to use one provided by the company?

Yes No If hired, you do not need to have all the necessary tools to work for this company. Are you willing to aquire the tools or sign a rent to own agreement for any required tools ?

Yes No If hired, this job requires some attic work. Are you afraid of tight, dark or narrow spaces?

Yes No If hired, can you physically and mentally handle, working in extreme hot or cold conditions?

Yes No If hired, are you be physically and mentally able to climb all types of ladders?

Yes No If hired, are you physically able to lift 75 lbs. without assistance?

Applicant Signature _____ Date _____

**In/On Cable Installers, Inc. 1167 Miranda Lane Kissimmee, Fl 34741
Disclosure and Release of Information Authorization**

**Consumer Report/Investigative Consumer Report
Important: Please read carefully**

As an applicant for **employment** or an employee, you are a consumer with rights under the Fair Credit Reporting Act. You have similar rights as an applicant to be an independent contractor or as an independent contractor performing services for In/On Cable Installers, Inc. When evaluating you for employment, promotion, reassignment, or retention as an employee, or with regard to the services you provide as an independent contractor a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process, or during your employment, or during your engagement as an independent contractor.

I authorize In/On Cable Installers, Inc and **Edge Information Management, Inc.**, a consumer reporting agency, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, academic, residential, achievement, previous employment verification and/or job performance, workers compensation, professional licenses, credit reports, driving history, and criminal history records. I understand that **In/On Cable Installers, Inc.** has a contractual relationship with Bright House Networks and that I may perform services for In/On Cable Installer, Inc. pursuant to that contract. **I understand that Bright House Networks will be receiving summary information regarding Consumer Reports conducted on individuals performing services for In/On Cable Installers, Inc. pursuant to its contract with Bright House Networks. I also understand that Bright House Networks may request to review any individual Consumer Report, provided to In/On Cable Installers, Inc. by Edge Information Management, Inc., including mine, solely for purposes of verifying In/On Cable Installers, Inc. compliance with its contractual obligations.**

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Edge Information Management, Inc., 100 Rialto Place, Suite 800, Melbourne, Florida 32901-4769. Phone 1-800-725-3343. FAX 800-780-3299.**

I understand that by requesting this information, no promise of employment or engagement as an independent contractor is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if employed or otherwise engaged by In/On Cable Installers, Inc. this authorization will remain in effect throughout such employment or engagement as an independent contractor. **I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at _____ for clarification of any information provided.
Phone Number

Signature Date

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Other Names Known By

SOCIAL SECURITY # _____ - _____ - _____ **DATE OF BIRTH (for ID purposes only)** _____ - _____ - _____
MO DAY YR

SEX _____ **RACE** _____ **DRIVER'S LICENSE #** _____ **STATE** _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____

If you are applying for employment in California, Minnesota, or Oklahoma and would like a copy of any Consumer Report prepared on you please check this box. If you elect not to receive a copy please check this box.