

Please feel free to check out our website at [www.mdsales.net](http://www.mdsales.net).

## APPLICATION FOR EMPLOYMENT

### MEDIA DIRECT SALES LLC

Phone: (828) 676-1387 Fax: (888) 789-9821

Date \_\_\_\_\_

Applicants with disabilities who desire accommodation in completing the pre-employment questionnaire are invited to discuss their needs with the Office Manager.

Media Direct is an equal opportunity employer. Discrimination because of race, color, religion, national origin, age, disability, or sex is prohibited. Persons who believe they have been discriminated against have the right to notify the Federal Communications Commission, Washington D.C. 20554; the Equal Employment Opportunity Commission, Washington D.C. 20554 or any other appropriate agency. They may also bring the matter directly to the attention of the manager of this system.

***Please fill in all spaces.*** If an item does not apply, write "none." This application will be considered current for 30 days from this date. After that time the application must be renewed to be considered. Please print in ink, clearly and legibly. You must complete your own application.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
LAST FIRST MIDDLE

(Please list **past 7 years residence** addresses, beginning with current address. Use separate sheet if necessary)

Current Address \_\_\_\_\_  
NUMBER AND STREET COUNTY CITY STATE ZIP

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Previous

Address \_\_\_\_\_  
NUMBER AND STREET COUNTY CITY STATE ZIP From To

Previous

Address \_\_\_\_\_  
NUMBER AND STREET COUNTY CITY STATE ZIP From To

Position applying for: \_\_\_\_\_ Date available for work: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Type of position desired: \_\_\_\_\_ Full time \_\_\_\_\_ Part time

Will you work \_\_\_\_\_ daily \_\_\_\_\_ evenings \_\_\_\_\_ weekends

How did you hear about Media Direct? \_\_\_\_\_

If you were referred by a Media Direct employee, please list name: \_\_\_\_\_

**Must have valid driver's license:** \_\_\_\_\_

STATE NUMBER EXPIRE DATE

Can you show proof of coverage on auto insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed \_\_\_\_\_ Yes \_\_\_\_\_ No Why do you wish to change jobs? \_\_\_\_\_

Have you ever worked for Insight or Comcast before? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, When? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No Over 18? \_\_\_\_\_

(If contracted, proof of status will be required)

Do you intend to work anywhere else in addition to working at Media Direct? \_\_\_\_\_

If so, where? \_\_\_\_\_

Have you ever been convicted of a crime by a civilian or military court (other than a minor traffic violation)? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, give details: \_\_\_\_\_

(Conviction of a crime is not an automatic bar to contractor employment. All circumstances will be considered.)

Have you ever been bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, for what job(s)? \_\_\_\_\_

Have you ever been denied bond coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

**EMPLOYMENT and/or CONTRACTOR HISTORY:** Please list all positions for the **past 7 years**, giving present or last position first. Use additional pages if necessary.

1. Date worked: From \_\_\_\_\_ To \_\_\_\_\_  
Company / Employer's name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor's telephone no. \_\_\_\_\_  
Wage or salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your job title and duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date worked: From \_\_\_\_\_ To \_\_\_\_\_  
Company / Employer's name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor's telephone no. \_\_\_\_\_  
Wage or salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your job title and duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date worked: From \_\_\_\_\_ To \_\_\_\_\_  
Company / Employer's name \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_  
Supervisor's telephone no. \_\_\_\_\_  
Wage or salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Your job title and duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact the employers/contractors listed above?  Yes  No If not, indicate by number which one(s) we may not contact and state why: \_\_\_\_\_  
\_\_\_\_\_

Please account for all periods of unemployment longer than three (3) months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:** Name and Address Course of Study Last Year Completed Graduated? Date Last Attended

**High School** \_\_\_\_\_ 1 2 3 4 \_\_Yes \_\_No \_\_\_\_\_

**College** \_\_\_\_\_ 1 2 3 4 \_\_Yes \_\_No \_\_\_\_\_

**Other** \_\_\_\_\_ 1 2 3 4 \_\_Yes \_\_No \_\_\_\_\_

List any additional work experience, skills, information, licenses, certifications, special study, or research work relating to position applied for or of general interest: \_\_\_\_\_

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain: \_\_\_\_\_

**PLEASE LIST ANY RELATIVES OR FRIENDS EMPLOYED BY INSIGHT OR COMCAST:**

	NAME	RELATIONSHIP	WHERE EMPLOYED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**PERSONAL REFERENCES:** Please list **three** business people, professionals, or other persons who are **not** relatives, former employers, or employees of Insight or Comcast.

	NAME	HOW LONG KNOWN	OCCUPATION	TELEPHONE
1.	_____	_____	_____	_____
	COMPLETE ADDRESS _____			
2.	_____	_____	_____	_____
	COMPLETE ADDRESS _____			
3.	_____	_____	_____	_____
	COMPLETE ADDRESS _____			

**IMPORTANT: READ CAREFULLY**

*I certify that my answers to the foregoing questions are true and correct and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former contractor employers and all other persons named herein who might have information concerning me, to give any information regarding my former employment or other information they may have regarding me whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.*

*I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Media Direct. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any such future employment is terminable by either party at will with no notice or cause. No person other than the President of Media Direct may modify or amend the provisions stated herein.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

