



Please fill out application completely, even if your resume is attached.

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_  
LAST FIRST MIDDLE

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Business Phone Social Security Number

E-Mail: \_\_\_\_\_

Do you have a current Driver's License? Yes \_\_\_ No \_\_\_

Do you have a current Motorcycle License? Yes \_\_\_ No \_\_\_

**Please attach DMV printout.**

Are you legally eligible for employment in the United States? \_\_\_ **You will be required to submit proof of your legal right to work in the United States.**

Position applied for \_\_\_\_\_ Salary expected \_\_\_\_\_

Are you available for full time employment? \_\_\_\_\_ When are you available to start work? \_\_\_\_\_

If not full time, days available \_\_\_\_\_, and hour's available \_\_\_\_\_

Are you available to work evenings and/or weekends? \_\_\_\_\_

How were you referred for this job? \_\_\_\_\_

**BUSINESS OR EMPLOYMENT HISTORY**

Describe your employment history in full. Start with your present or most recent employer. If any position was part time, indicate average number of hours per week, which you worked. Use additional page if more space is required. Feel free to attach additional pages if necessary. You MUST complete this section even if attaching a resume. Dates of employment must be stated in months AND years. Account for all periods.

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

May we contact? \_\_\_ Yes \_\_\_ No

Employed (month & year) from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving (or considering leaving) \_\_\_\_\_

METERING READING SOFTWARE AMR MSP FIXED NETWORK

8655 Morro Road, Suite C, Atascadero, CA 93422

Phone 805.461.3458 • Fax 805.461.1263 • www.alexander-co.com



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Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
May we contact? \_\_\_ Yes \_\_\_ No

Employed (month & year) from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving (or considering leaving) \_\_\_\_\_

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**APPLICANT'S CERTIFICATION AND AUTHORIZATION**

Please read carefully. Initial each paragraph, sign and date below. Your signature signifies knowledge of, and agreement to, the following:

- \_\_\_ *I hereby certify I have not knowingly withheld any information which might adversely affect my chances if employment and the answers given by me, are true and correct to the best of my knowledge. I further certify I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of material fact on this application or any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.*
- \_\_\_ *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 and with or without notice, at any time by the company. I understand that no company representative other than its president and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I future understand this is an application for employment and NO employment contract is being offered.*
- \_\_\_ *I understand that any offer of employment is conditional upon:*
  - *My ability to submit proof of my legal right to work in the United States.*
  - *My ability to provide a current driving record from the Department of Motor Vehicles*
  - *My agreement with and signature on, ALEXANDER'S CONTRACT SERVICES INC. proprietary and confidential information.*

I have read and understand this agreement and signed it of my own free will after having been given an opportunity to ask questions which, if asked, were answered satisfactorily and in a manner that I understand.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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## Background Check Authorization Form

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Permit Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on License: \_\_\_\_\_

Previous Address (If less than one year): \_\_\_\_\_

\_\_\_\_\_

I certify that the information I have provided is true and correct. If it is found that the answers given are untrue, I understand it may be cause for dismissal. I hereby give my consent to Alexander's Contract Services, Inc. to verify this information and to perform a background check for the purpose of employment, insurance and compliance with the state and federal requirements.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**CONSENT AND RELEASE FOR DRUG AND  
ALCOHOL TESTING PRE-EMPLOYMENT**

I, \_\_\_\_\_, understand that pursuant to Alexander's Contract Services, Inc.'s Policy for a Drug and Alcohol-Free Workplace, I am being required to take an alcohol and drug screening test.

I hereby consent to submit to urinalysis, breath, blood, and/or other tests as shall be determined by Alexander's Contract Services, Inc. for the purpose of determining the use of alcohol and illegal drugs.

I agree that the selected facility, may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from obtaining employment with the Company.

I am unaware of any medical condition that would indicate that either the screen or physical examination might endanger my physical health.

I agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my continuing employment.

I agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT NAME (PRINTED): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS NAME (PRINTED): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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