

WORLD OF WIRELESS APPLICATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION:

JOB APPLIED FOR		LAST 4 OF SSN #:	
TODAY'S DATE:	DRIVER'S LICENSE NUMBER:	STATE OF ISSUE:	DATE OF EXP:

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (Provide only one including area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
EMAIL ADDRESS:		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE	

GEOGRAPHIC AVAILABILITY - Check the locations you are willing to work at.

- MIDWAY – ST. PAUL UPTOWN - MPLS
 _____ _____

WORK SCHEDULE AVAILABILITY		
Check Only One:	Check Only One:	Date You Can Report For Work:
<input type="checkbox"/> PERMANENT (P) <input type="checkbox"/> SEASONAL (S) <input type="checkbox"/> EITHER (B)	<input type="checkbox"/> FULL TIME (F) <input type="checkbox"/> FULL OR PART TIME (E) <input type="checkbox"/> PART TIME (P) <input type="checkbox"/> INTERMITTENT (I)	<input type="checkbox"/> JOB SHARE (J) <input type="checkbox"/> ANY (B)

LIST HOURS OF AVAILABILITY (Most locations open M-F 9-8, Sat 10-6, Sun 11-5)

<input type="checkbox"/> MONDAY:	<input type="checkbox"/> TUESDAY:	<input type="checkbox"/> WEDNESDAY:	<input type="checkbox"/> THURSDAY:
<input type="checkbox"/> FRIDAY:	<input type="checkbox"/> SATURDAY:	<input type="checkbox"/> SUNDAY:	

EDUCATION / TRAINING HISTORY
List high school, colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
B		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
C		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

HOW DID YOU LEARN ABOUT THIS POSITION?

- Help wanted sign
 Employee Referral (List employee) _____
 Friend: _____
 Other: _____

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). Attach additional pages as needed.

Have you ever been convicted of a crime by civil or military courts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If YES, for each conviction indicate date of conviction, nature of charge, and sentence received.

WORK HISTORY

JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
TOTAL TIME IN CURRENT OR LAST POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you checked any of these boxes, list the number of employees and their job titles.	
DUTIES List all duties you performed.		MOST RECENT SALARY	
Reason for leaving this position:			

JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
DUTIES List all duties you performed:		If you checked any of these boxes, list the number of employees and their job titles.	
		MOST RECENT SALARY	
Reason for leaving this position:			

JOB NUMBER 3

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
TOTAL TIME IN POSITION:		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
HOURS WORKED PER WEEK (Average)		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
DUTIES List all duties you performed (job number 3):		If you checked any of these boxes, list the number of employees and their job titles.	
		MOST RECENT SALARY	
Reason for leaving this position:			

CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ♦ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ♦ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ♦ I authorize World of Wireless to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ♦ I authorize the World of Wireless to check my driving record if the position for which I am applying requires driving.
- ♦ You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment or sign a nondisclosure/non-compete agreement.
- ♦ I release World of Wireless and all providers of information from any liability as a result of furnishing and receiving any information related to World of Wireless's hiring process.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

SIGNATURE:

DATE:

OFFICE USE ONLY – Applicants: Do not write below this line.

CALLBACK/COMMENTS:

FIRST INTERVIEW/COMMENTS:

HIRED DATE/COMMENTS:

DATE OF BIRTH:

STORE LOCATION:

START DATE:

SCHEDULE:

STARTING SALARY/COMMENTS:

TAX DEDUCTIONS:

SINGLE # DEPENDENTS

MARRIED # DEPENDENTS

EXEMPT

HEALTH INSURANCE:

YES DEPENDENTS

NO

PAPERWORK RECEIVED

PREFERRED SYSTEMS PASSWORD:

EMAIL:

SALES PROGRAM: POWERCLOCK

WHERE TO SEND:

- 1. DROP OFF AT ANY WORLD OF WIRELESS LOCATION**
- 2. EMAIL Job Application to jobs@worldofwireless.com**
- 3. FAX to 612-827-1333**

WORLD OF WIRELESS
NONDISCLOSURE AND NON-COMPETE AGREEMENT
Required to be signed during the interview process

1. **This Agreement** is entered into on date employment is commenced and signed this _____ day of _____, in the year _____, by and between: _____ (Applicant), whose home address is _____, in the city of _____, county of _____, state of _____, and **World of Wireless** (Employer), a **Minnesota Corporation**, whose corporate address is **457 North Snelling Avenue**, in the city of **Saint Paul**, county of **Ramsey**, state of **Minnesota**.

Nondisclosure. At all times while this Agreement is in effect, and after the termination or expiration of this Agreement, Applicant/Employee shall refrain from disclosing to anyone outside of Employer's business any of employer's customer lists, trade secrets, sales, cell phone dealer codes or other passwords, operations or repair processes or procedures, and other proprietary or confidential information.

Noncompetition. After the termination or expiration of this Agreement, Employee shall not engage in competition with Employer for a period of **Three Years**, within the following geographic area: **States of Minnesota, Wisconsin, Illinois,**

Competition defined. Competition means working for a company engaged in, or engaging in self-employment in any or all of any aspect of the Wireless business. THIS INCLUDES BUT IS NOT LIMITED TO: **Sales of wireless devices, phones & accessories, prepaid plans, payments, mobile phone repair, wireless devices or other electronics repairs.** This also includes providing services similar to those provided while employed by Employer to any person or business that was a client of Employer during Employee's tenure.

Damages. In the event Employee breaches this agreement, Employee agrees to pay the greater of **Actual Damages or One Time Lump Sum of \$25,000.00** as liquidated damages.

Employee - Printed Name

Employee - Signature

Date Signed

Employer Representative - Printed Name

Title

Employer Representative - Signature

Date Signed