WaveUnion Application Form: IT Infrastructure Technician

| Personal Information  |
|---|
| 1. Full Name:   |
| 2. Date of Birth:   |
| 3. Phone Number:  |
| 4. Email Address:   |
| 5. Home Address:  |
|   |
| Position Details  |
| 6. Position Applying For (e.g., Network Engineer, Cabling Technician, System Integrator, etc.): |
| 7. Available Start Date:  |
|   |
| Work Experience   |
| 8. Most Recent Job  |
| - Company Name:   |
| - Job Title:  |
| - Employment Dates: [] - []   |
| - Main Responsibilities:  |
|   |
| 9. Previous Employment (if any)   |
| - Company Name:   |
| - Job Title:  |
| - Employment Dates: [] - []   |
| - Main Responsibilities:  |

| 10. Certifications / Licenses (e.g., CompTIA, Cisco, Low-Voltage License, etc.):                           |
|--|
| Education  |
| 11. Highest Level of Education:  |
| 12. School / Institution Name:   |
| 13. Degree / Certificate Earned:   |
| 14. Year of Graduation:  |
| Skills and Technical Qualifications  |
| 15. Experience with IT Infrastructure Tasks (e.g., Structured Cabling, Network Configuration, Rack Setup): |
| 16. Equipment or Tools You Have Used (e.g., Cable Testers, Patch Panels, Ladders, Crimpers):               |
| 17. Software or Platforms You've Worked With (e.g., AutoCAD, Visio, Network Monitoring Tools):             |
| 18. Customer Interaction Experience:   |
| 19. Do you have a valid driver's license?  |
| -[]Yes   |
| - [ ] No   |
| References   |
| 20. Professional Reference 1   |
| - Name:  |
| - Relationship:  |
| - Phone:   |
| - Email:   |
| 21. Professional Reference 2   |
| - Name:  |
| - Relationship:  |

| - Phone:  |   |  |
|---|---|--|
| - Email:  |   |  |
|   |   |  |
| Additional Information  |   |  |
| 22. Why do you want to w  | ork with WaveUnion?                         |  |
| 23. What are your long-te   | rm career goals in IT Infrastructure?       |  |
| 24. Are you willing to unde   | ergo a background check and drug screening? |  |
| -[]Yes  |   |  |
| - [ ] No  |   |  |
| 25. Any other comments or information you'd like us to consider?                                  |   |  |
|   |   |  |
| Declaration   |   |  |
| 26. I certify that the information provided is accurate and complete to the best of my knowledge. |   |  |
|   |   |  |
| Signature:  | Date:                                       |  |
|   |   |  |