



APPLICATION FOR EMPLOYMENT

Please read before filling out this application.

This employer does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, ancestry, age, veteran's status or disability. Qualified disabled individuals will be given reasonable accommodations for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the employer's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the corporation or any of its affiliates and subsidiaries may request that an investigative consumer report be prepared; which may include information as to your character, general reputation, criminal record, and personal characteristics as provided by the Fair Credit Reporting Act of 1970 and as amended in 1996. You have the right to request that the company completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department of this company within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report and should contact such agency for any further information you desire.

I authorize and direct Tri-County Telephone Association, Inc., or any of its affiliates and subsidiaries to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person of consumer reporting agency to participate in and make such inquiries at the request of such corporation of its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquiries.

Signature: _____

Date: _____

Please answer every question. Use **ink**. Please **print**.

Name _____ Social Security No. _____
(Please check your card for correct #)

Name _____ 'Date _____
First Middle Last

Address _____ "J qo g Number _____
*****EgmnNumber

City _____ State _____ Zip Code _____ Length of Time _____
at this Address

List previous addresses within the United States, except Military, if address changed during the past 5 years.

Address _____ City _____ State _____ Zip Code _____ From (date) _____ to _____

Address _____ City _____ State _____ Zip Code _____ From (date) _____ to _____

Address _____ City _____ State _____ Zip Code _____ From (date) _____ to _____

Type of work desired _____ Salary requirements _____

How were you referred to us? _____ Date available for work _____

The family relationship (through marriage or by blood) of job applicant to directors, officers, and employees of this company must be considered prior to a decision to employ.

Do you presently have relatives working for this company? Yes No

Are you over 17 years of age? Yes No

Are you legally authorized by the U.S. Secretary of Labor to work in this country? Yes No

Education

Name	Address	City	State	Major Course of Subject	Circle last year completed	If graduated, please provide copy of transcript	GPA/ Degree
High School or Preparatory					1 2 3 4		
Business School					1 2 3 4		
College					1 2 3 4		
Graduate Work					1 2 3 4		

Employment Record

Have you been employed here previously? Yes No Have you ever applied here before? Yes No

Have you ever been convicted of a criminal offense or other illegal activity? Yes No If yes, please explain. (A conviction will not necessarily disqualify you from employment.) _____

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If you worked under a name other than shown on the front of this application, please inform the interviewer as to what name this corporation should use when making previous employment verification inquiries.

Name and Address of Former Employer		Dates Employed		Position and Duties	Salary		Please explain why you left your former position
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Company Name	Address Telephone.	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Immediate Supervisor							
City and State	Zip						

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

Unemployment Record

From		To		Please explain when and why you were unemployed.
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

Apart from absence for religious observances and, only if required for the job for which you are applying:

Are you willing to work overtime? Yes No

Are you willing to work on weekends? Yes No

Are you able to perform all essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No

References

Professional References: List three professional references from current or previous employment

Name	Title/Occupation	Company/Address	Daytime Phone	Yrs Known

Personal References: List three personal references NOT including family

Name	Title/Occupation	Company/Address	Daytime Phone	Yrs Known

Please read before signing. If you have any questions or concerns regarding any of these statements, please express them to the employment interviewer before signing.

Contingent upon my employment with Tri-County Telephone Association, Inc., I agree to comply with all rules and regulations as set forth in the employer's policy manual, which is not contractual and may be unilaterally changed by the employer at anytime, or other communications distributed to all employees. I also understand that following any offer of employment that such employment is conditional upon a favorable health evaluation administered uniformly for this job. Such health evaluation may include a physical examination, a drug test and/or completion of a health evaluation form, to which I hereby consent. The results of the tests will remain confidential with limited, but necessary exceptions.

I am aware that the Immigration Reform and Control Act of 1986 provides that the employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the Secretary of Labor to work in this country.

I understand that in the absence of a written agreement to the contrary, my status, if employed, will be that of an employee at will, with no contractual rights, expressed or implied. In consideration of my employment, I specifically agree that my employment may be terminated with or without cause, with or without notice, at any time, at the option of either the employer or myself.

I further understand that no director, officer or employee of Tri-County Telephone Association, Inc., has any authority to state, suggest or imply that I have an employment contract for other than an indefinite period of time. Promotions, performance evaluations, salary increases, merit raises, and/or the statement of my salary in other than hourly or weekly rates does not define my period or length of employment. In other words, I do not have any continuing expectancy of employment for any period of time, definite or indefinite, should a job offer be extended and accepted.

I hereby acknowledge that I have read the above statements and understand the same. I certify that all statements made by me on this application are true and complete. I understand that falsification of any information contained in this application or omission of any information requested in this application will be reason for termination or rejection of this application. My answers to optional disclosures were given voluntarily, and I understand that the corporation will not use those answers to discriminate against me.

Signature: _____

Date: _____

Date of Hire _____

For Employer's Use Only

(To be completed after applicant is hired)

Department _____ Payroll Class _____

Job Title _____ Work Schedule (Hrs., days, etc.) _____ EEO Code _____

Employee No. _____ Pay Grade _____ Starting Rate \$ _____ per _____ Work State _____

Employment Authorized By: _____ Replacement () _____ Addition to Staff () _____

Comments: _____