

SOUTH SLOPE COOPERATIVE TELEPHONE COMPANY

Application for Employment



We are an equal opportunity employer and do not discriminate in hiring or terms and conditions of employment on the basis of race, color, sex, pregnancy, religion, creed, national origin, age, disability, military/veteran status, sexual orientation, gender identity, genetic information or other protected category in conformance with local, state and federal law.

APPLICANT INFORMATION		
Last Name	First Name	M.I.
Street Address		Apt #
City	State	ZIP
Phone	E-mail Address	
Position(s) Applied for		Date of Application
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available to Work
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____		
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when?		
Have you ever been employed with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Proof of citizenship or immigration status will be required upon employment.</small>		
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Conviction will not necessarily disqualify an applicant from employment. If Yes, please explain:</small>		
If required for the position for which you are applying, do you have a: Valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION	
High School	Address
Diploma / GED?	
College	Address
Degree Awarded?	
Describe Course of Study	
Other	Address
Degree Awarded?	
Describe Course of Study	

EDUCATION (CONTINUED)

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any honors you have received

State any additional information you feel may be helpful to us in considering your application

OTHER

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, national origin, age, ancestry, or disability or other protected status.

REFERENCES

Please list three references who are not related to you. Relevant references are those persons you've engaged in the last seven years and who can validate your knowledge, skills, and abilities related to the job for which you applied.

Name	Phone
Relationship	

Name	Phone
Relationship	

Name	Phone
Relationship	

MILITARY SERVICE

Have you ever had any job-related training in the United States military? YES NO

If yes, please describe:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Please do not state "See Resume." Incomplete information could disqualify you from further consideration. Start with your present or last job and include ALL jobs you have held since you graduated from high school. Do not omit any job, even if you only had the job for a short period of time. Include any job-related military service assignments. If you need additional space, please continue on a separate sheet of paper.

Employer		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
		\$	\$
Dates Employed		Work Performed	
From:	To:		
Were you discharged from this job?		If Yes, why were you discharged?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		If No, explain the reason for leaving.	
May we contact your current/previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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From:	To:		
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<input type="checkbox"/> YES <input type="checkbox"/> NO		If No, explain the reason for leaving.	

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		\$	\$
Dates Employed		Work Performed	
From:	To:		
Were you discharged from this job?		If Yes, why were you discharged?	
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Employer		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
		\$	\$
Dates Employed		Work Performed	
From:	To:		
Were you discharged from this job?		If Yes, why were you discharged?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		If No, explain the reason for leaving.	

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization or addresses by an active collective bargaining agreement.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that if I am offered employment, my employment is contingent on passing a drug test and on satisfactory completion of a physical examination. I give my consent to full disclosure of the results of the drug test and all information obtained as a result of the physical examination to the C.E.O. of South Slope Cooperative Telephone Co.

Signature

Date

A handwritten signature is required.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks

Interviewer

Date of Interview

Employed YES NO

Date of Employment

Job Title

Hourly Rate / Salary

Dept.

By

Date

Notes