

MARQUETTE-ADAMS TELEPHONE COOPERATIVE, INC.

EMPLOYMENT APPLICATION



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, national origin, age, disability, military/veteran status, sexual orientation, genetic information or other protected category in conformance with local, state and federal law.

APPLICANT INFORMATION

Position Sought											
Last Name				First		M.I.					
Street Address							Apartment/Unit #				
City				State		ZIP					
Phone - Primary			Phone - Secondary			E-mail Address					
Date Available				Desired Salary							
Are you legally authorized to work in the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		How did you learn of open position?			
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Do you have any pending charges, or have you been convicted of a crime? "Crime" refers to all felonies and misdemeanors including serious driving offences. A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position applied for.								YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, explain:											

EDUCATION

High School		Address			
Do you have a high school diploma or a GED equivalency?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
College		Address			
Number of Years Attended:		Degree Awarded:			
Other		Address			
Number of Years Attended:		Degree Awarded:			
Describe below any special courses, training, or skills obtained that would enable you to perform the position for which you are applying:					
List below any professional memberships, certifications, or licenses relevant to the position for which you are applying:					

PREVIOUS EMPLOYMENT Please do not state "See Resume." Incomplete information could disqualify you from further consideration.

Company			Phone				
Address			Supervisor				
Job Title		Starting Salary		Ending Salary		\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your current/previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	

Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Occupation			
Describe any special courses, training, or skills obtained in the military.								

DISCLAIMER AND SIGNATURE

I certify that the responses provided herein are true and complete. I understand that any misrepresentation by me on this application will be sufficient cause for cancellation of this application. If employed, any misrepresentations or omissions of fact on this application may result in dismissal.

I authorize full investigation of all statements and references contained herein and other information which may have bearing on my employment. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Nothing contained in this employment application, any interview, job offer, or company policy is intended to create a contract for employment or benefits. I understand that if I am employed, my employment will be on an at-will basis and can be terminated with or without cause or prior notice at any time at the option of either the company or myself.

By typing my name in the following box, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Signature _____

Date