



FIVE AREA TELEPHONE COOPERATIVE, INC.

P.O. BOX 448

MULESHOE, TX 79347

(806)272-5533 / (800)741-6925

applications@fivearea.com

Application for Employment

It is the policy of Five Area Telephone Cooperative, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION

Position Applied for _____ Date of Application _____

Last Name _____ First _____ M.I. _____

Street Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Mailing Address _____ (If Different) _____ (P.O. Box or Street) _____ (City) _____ (State) _____ (Zip)

Home Phone No. _____

Cell Phone No. _____ Desired Salary \$ _____

E-mail Address _____ Date Available for Employment _____

Do you have a valid driver's license? YES NO State _____

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Do any of your friends or relatives work here? YES NO If so, who? _____

Are you currently employed? YES NO

Are you at least 18 years of age? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

High School _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

PREVIOUS EMPLOYMENT

Begin with your current or most recent employer and work back.

Employer _____ Telephone No. _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

Dates Employed From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Employer _____ Telephone No. _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

Dates Employed From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Employer _____ Telephone No. _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

Dates Employed From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Employer _____ Telephone No. _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

Dates Employed From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

REFERENCES

Please list three professional references.

Name	_____	Telephone No.	_____
Company	_____	Address	_____
Name	_____	Telephone No.	_____
Company	_____	Address	_____
Name	_____	Telephone No.	_____
Company	_____	Address	_____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

DISCLAIMER AND SIGNATURE

I certify that all the information provided by me in connection with my application is 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.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. My social security # is _____.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I authorize Five Area Telephone Cooperative, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Five Area Telephone Cooperative, Inc. will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Cooperative's choice. I also understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.

In conjunction with my potential employment at Five Area Telephone Cooperative, Inc., I consent to the release of my Motor Vehicle Records (MVR) to the Cooperative. My driver's license number is _____. I understand the Cooperative will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the Cooperative. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Drivers Privacy Protection Act", and is intended to constitute "written consent" as required by this Act.

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by Five Area Telephone Cooperative, Inc. in the selection process of applications for employment, for the purpose of determining the drug and/or alcohol content thereof. I agree that an authorized agent may collect these specimens and may test them, or forward them to a licensed or certified laboratory designated by the Cooperative for the analysis. I further agree to and hereby authorize the release of said test results to the Cooperative. I understand that my current use of illegal drugs may prohibit me from being employed at this Cooperative. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signature below is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

This application for employment shall be considered active for a period of time not to exceed 1 year. 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, unless otherwise defined by applicable law, 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 an 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.

If this application leads to employment, I understand that false or misleading information given in my application or interview may result in immediate dismissal from employment. I also understand that I am required to abide by all rules and regulations of Five Area Telephone Cooperative, Inc.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? YES NO

Remarks _____

Interviewer

Date

Employed? YES NO

Date of Employment

Job Title _____

Hourly Rate/
Salary _____

Department _____

By _____

Name & Title

Date