

# APPLICATION FOR EMPLOYMENT

Margaretville Telephone Company  
 PO Box 260  
 Margaretville, NY 12455



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

## Please Print

Position(s) Applied For	Date of Application
How did you learn about Us?	
Advertisement	Relative
Employment Agency	Friend
	Inquiry
	Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Email	Social Security Number (Voluntary)

Best time to contact you at home is: ..... :\_\_ :\_\_ AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... Yes No

Have you ever filed an application with us before?..... Yes No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... Yes No  
 If Yes, give date \_\_\_\_\_

Do any of your friend or relatives, other than spouse, work here?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you lawfully authorized to work in the United States? ..... Yes No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full-Time (please indicate 1 2 3 shift)  
 Part-Time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicate date available \_\_\_/\_\_\_-\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

We are an Equal Opportunity Employer



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status

Employer:		Dates Employed		Work Performed
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Employer:		Dates Employed		Work Performed
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Employer:		Dates Employed		Work Performed
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

Employer:		Dates Employed		Work Performed
Address:				
Telephone Number(s):		Hourly Rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.



# ADDITIONAL INFORMATION

## OTHER QUALIFICATIONS

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


## SPECIALIZED SKILLS (Check Skills/Equipment that apply)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM _____	WPM _____		

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


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? \_\_\_\_ YES \_\_\_\_ NO

## REFERENCES

1. _____	(____) _____
Name	Phone Number
_____	
Address	
2. _____	(____) _____
Name	Phone Number
_____	
Address	
3. _____	(____) _____
Name	Phone Number
_____	
Address	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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, 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 Employee at any time with or without cause.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview	Yes	No	
Remarks	_____		
			INTERVIEWER
Employed	Yes	No	Date of Employment _____
Job Title	_____		
Hourly Rate / Salary	_____		
Department	_____		
By	_____		DATE
	NAME AND TITLE		

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:      Yes      No

Position(s) Considered For:

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Date: \_\_\_\_\_