# APPLICATION FOR EMPLOYMENT

**Margaretville Telephone Company Inc.**
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 ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other _____

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Address | Number | Street | City | State | Zip Code |
|---|---|---|---|---|---|
| | | | | | |

| Telephone Number(s) | 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 friends 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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
　　*Proof of citizenship or immigration status will be required upon employment.* .......... ☐ 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 dates 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

# EDUCATION

| | Name and Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|---|---|---|---|---|
| **Elementary School** | | | | |
| **High School** | | | | |
| **Undergraduate College** | | | | |
| **Graduate Professional** | | | | |
| **Other (Specify)** | | | | |

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

_____
_____
_____
_____
_____
_____
_____
_____
_____

**Describe any job-related training received in the United States military.**

_____
_____
_____
_____
_____
_____
_____

# 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.

**1.**

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

**2.**

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

**3.**

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

**4.**

| Employer | | Dates Employed | | Work Performed |
|---|---|---|---|---|
| | | From | To | |
| 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.

List professional, trade, business or civic activities and offices held.
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

_____

_____

_____

_____

# ADDITIONAL INFORMATION

## Other Qualifications

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

_____
_____
_____
_____
_____

## SPECIALIZED SKILLS    (CHECK SKILLS/EQUIPMENT OPERATED)

| | | Production/Mobile Machinery (list) | Other (list) |
|---|---|---|---|
| ___Terminal | ___Spreadsheet | | |
| ___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 WHICH 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 #

   _____
   (Address)

2. _____ ( ___ ) _____
   (Name)                                        Phone #

   _____
   (Address)

3. _____ ( ___ ) _____
   (Name)                                        Phone #

   _____
   (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

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## 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 AND TITLE                                              DATE

## FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:   ☐ Yes    ☐ No

Position(s) Considered For:   _____

_____

Date _____