



APPLICATION FOR EMPLOYMENT

DATE _____

This application will be considered only for the vacant position for which you are applying. To be considered for other vacant positions, a new application must be filed. The following information is requested in order to help us make the best possible placement within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form.

The Company, in accordance with state and federal laws, does not discriminate on the basis of race, creed, color, religion, sex (including pregnancy), national origin, ancestry, age, disability, or veteran status. The Cooperative is also required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified disabled individuals, and Vietnam Era and disabled veterans.

SANTEL COMMUNICATIONS COOPERATIVE, INCORPORATED IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICANT

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NO.

ALTERNATE NO.

SOCIAL SECURITY NO.

Do you have the legal right to work in the United States? No Yes

How were you referred to the Company? _____

Are you a relative, either by blood or marriage, of any employee or Director of the Company? No Yes **If Yes, whom?** _____

Have you ever applied for a job with the Company? No Yes **If Yes, when?** _____

Have you ever worked at the Company before? No Yes **If Yes, when?** _____

Are you at least eighteen years of age? No Yes

Position for which you are applying (*be specific*): _____

Salary Expected \$ _____ per _____

In what state or states do you possess a valid and current driver's license?

State	License No.	State	License No.

In what state or states have you ever possessed a driver's license?

State	License No.	State	License No.

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

No Yes

(See provided job description for a list of the essential functions of the job for which you are applying.)

If you are selected for employment, on what date can you start work? _____

List any training or special skills you have that are relevant to the position for which you are applying.

List your membership in any professional or technical organizations that are related to the job requirements of the position for which you are applying. (Exclude those that may disclose your race, creed, color, religion, sex (including pregnancy), national origin, ancestry, age, disability, veteran status, or union affiliations.)

Apart from absence for religious observation, are you available to work from 8 a.m. to 5 p.m., Monday through Friday?

No Yes **If No, what hours can you work?** _____

Will you work overtime if asked?

No Yes

Are you willing to work after hours call-out duty and on-call assignments?

No Yes

Have you ever been convicted of a felony?

No Yes

If Yes, give details, including jurisdiction (state and county) where such conviction occurred.

(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)

EDUCATION

	School Name	Address	No. of Years Attended	Degree	Major
High School					
Post-secondary					
Other					
Certifications					

PROFESSIONAL AND MANAGERIAL

List special training or noteworthy achievements. Please attach your resume to this application.

CLERICAL SKILLS

Select all applicable knowledge and experience.

Knowledge	Experience
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- | | | |
|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 10-Key |
| <input type="checkbox"/> | <input type="checkbox"/> | A/R and/or A/P |
| <input type="checkbox"/> | <input type="checkbox"/> | Customer Service |
| <input type="checkbox"/> | <input type="checkbox"/> | E-Mail |
| <input type="checkbox"/> | <input type="checkbox"/> | Fax Machine |
| <input type="checkbox"/> | <input type="checkbox"/> | Internet |

Knowledge	Experience
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- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Microsoft Excel |
| <input type="checkbox"/> | <input type="checkbox"/> | Microsoft Windows |
| <input type="checkbox"/> | <input type="checkbox"/> | Microsoft Word |
| <input type="checkbox"/> | <input type="checkbox"/> | Network Software |
| <input type="checkbox"/> | <input type="checkbox"/> | Microsoft Outlook |
| <input type="checkbox"/> | <input type="checkbox"/> | Payroll System |
| <input type="checkbox"/> | <input type="checkbox"/> | Proofreading |

TRADES, CRAFTS, AND TECHNICAL SKILLS

Select all applicable knowledge and experience.

Knowledge	Experience
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- | | | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Warehousing |
| <input type="checkbox"/> | <input type="checkbox"/> | Computer inventory methods |
| <input type="checkbox"/> | <input type="checkbox"/> | Lay out work orders |
| <input type="checkbox"/> | <input type="checkbox"/> | Prepare work orders |
| <input type="checkbox"/> | <input type="checkbox"/> | Tree trimming |
| <input type="checkbox"/> | <input type="checkbox"/> | Brush clearing |
| <input type="checkbox"/> | <input type="checkbox"/> | Clearing machinery |
| <input type="checkbox"/> | <input type="checkbox"/> | Material control |
| <input type="checkbox"/> | <input type="checkbox"/> | Automotive maintenance |

Knowledge	Experience
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- | | | |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Electric and gas welding |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical hand tools |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical safety |
| <input type="checkbox"/> | <input type="checkbox"/> | Radio communication & operation |
| <input type="checkbox"/> | <input type="checkbox"/> | Cable locating |
| <input type="checkbox"/> | <input type="checkbox"/> | Handling consumer concerns |
| <input type="checkbox"/> | <input type="checkbox"/> | Plant mapping systems |
| <input type="checkbox"/> | <input type="checkbox"/> | Underground experience |

EMPLOYMENT RECORD (Most recent employer first. Attach additional sheets if necessary.)

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NAME & ADDRESS OF EMPLOYER _____
JOB TITLE _____

BRIEF DESCRIPTION OF DUTIES

STARTING DATE **STARTING SALARY** **LEAVING DATE** **FINAL SALARY**
EXACT REASON FOR LEAVING _____

May we contact your supervisor? Yes No

NAME OF SUPERVISOR _____ **PHONE NO.** _____

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NAME & ADDRESS OF EMPLOYER _____
JOB TITLE _____

BRIEF DESCRIPTION OF DUTIES

STARTING DATE **STARTING SALARY** **LEAVING DATE** **FINAL SALARY**
EXACT REASON FOR LEAVING _____

May we contact your supervisor? Yes No

NAME OF SUPERVISOR _____ **PHONE NO.** _____

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NAME & ADDRESS OF EMPLOYER _____
JOB TITLE _____

BRIEF DESCRIPTION OF DUTIES

STARTING DATE **STARTING SALARY** **LEAVING DATE** **FINAL SALARY**
EXACT REASON FOR LEAVING _____

May we contact your supervisor? Yes No

NAME OF SUPERVISOR _____ **PHONE NO.** _____

PERSONAL REFERENCES (Not former employer or relatives)

Name and Occupation	Address	Phone Number

IMPORTANT! READ THIS

CERTIFICATION

I CERTIFY THAT ALL INFORMATION PROVIDED IN SUPPORT OF MY EMPLOYMENT WITH THE COMPANY, INCLUDING BUT NOT LIMITED TO THIS APPLICATION, RESUMES, MEDICAL INFORMATION, AND INFORMATION PROVIDED BY ME DURING INTERVIEWS, IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF RELEVANT FACTS IN SEEKING EMPLOYMENT WILL RESULT IN MY DISQUALIFICATION FROM FURTHER CONSIDERATION OR MY DISMISSAL FROM EMPLOYMENT. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COOPERATIVE, AND I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF THE COOPERATIVE OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSON IS AUTHORIZED TO MAKE ANY REPRESENTATION CONTRARY TO THE ABOVE STATEMENT UNLESS SUCH REPRESENTATION IS APPROVED BY THE BOARD OF DIRECTORS AND IS EMBODIED IN A WRITTEN AGREEMENT SIGNED BY THE PRESIDENT OR THE GENERAL MANAGER OF THE COOPERATIVE. I FURTHER UNDERSTAND THAT IF OFFERED EMPLOYMENT, THE EMPLOYER MAY REQUIRE BACKGROUND INFORMATION (MOTOR VEHICLE REPORTS, CRIMINAL RECORDS, CREDIT REPORTS, ETC.) RELATED TO MY EMPLOYMENT AS NECESSARY. IN ADDITION, I WILL BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AND THAT SUCH EXAMINATION WILL INCLUDE BLOOD, BREATH, URINE, OR SALIVA TESTS TO DETERMINE THE PRESENCE OR USE OF ALCOHOL OR ILLEGAL CONTROLLED SUBSTANCES.

Signature of Applicant

DATE

Interviewed by _____ Date _____

Comments

Large empty rectangular box for entering interview comments.

EMPLOYMENT REFERENCE CHECK

Employer	Person Contacted	Date	Results

PERSONAL REFERENCE CHECK

Person	Date	Comments

ACTION

- No Action
- Interview - No Position Offered
- Position Offered

Date _____

Position _____

Date Accepted _____