EMPLOYMENT A	APPLICATION	Job Cod Close D HR Revi	le: Temp-First Imp Sp ate: Open until filled iew:
Valley TeleCom Group	Valley Telephone Coop., Inc. Copper Valley Telephone, Inc. Valley Telecommunications Co. Valley Connections, LLC 752 E. Maley St., PO Box 970, Willcox, AZ 85644 Phone: 520-384-2231 Fax: 520-826-1848	Copied: Interview Reply:	
All applicants will be considered for the pos gender, national origin, age, disability, marital			
Position Applied For (This application will only be valid for this Temporary First Impression Specialist	s position and not for other job openings)	Date c	of Application
How did you hear about this position?	_ ;	Emp Othe	loyee er:
Last Name First Name	Middle Initial		
Mailing Address	City	State	Zip Code
Home PhoneMessage Phone()-()-	Work Phone () – ext.:	Email A	ddress
If you are currently employed, may we contact your employed	oyer?	🗌 n/a	🗌 Yes 🗌 No
Are you presently on lay-off and subject to recall?			🗌 Yes 🗌 No
Have you ever applied for a position with us before? If yes, please give the date and the position you applied for. Date: Position: Yes No			
Have you ever been employed with us before? If yes, ple recent job title. From: To: Job Title:	ease list your dates of employment and most		Yes No
Do you have any relatives currently working for the Valley name, relationship and office location:	y TeleCom Group? If yes, please state their		🗌 Yes 🗌 No
Are you prevented from lawfully becoming employed in th (Proof of citizenship or immigration status will be required upon			🗌 Yes 🗌 No
Are you under 18 years of age? If yes, please provide yo	our date of birth		🗌 Yes 🗌 No
Do you have a valid driver's license? If so, list Class	and State	🗌 n/a	🗌 Yes 🗌 No
Can you travel if the job requires it? (Answer only if position	requires you to travel)	🗌 n/a	🗌 Yes 🗌 No
Are you available to work:	e 🔲 Temporary 🔲 Rotating Days 🗌	Rotating Shift	s 🗌 Overtime
If hired, when could you start?			
WE ARE AN EQU	AL OPPORTUNITY EMPLO	YER	

SPECIALIZED SKILLS

Clerical/Office Skills				
Computer	Spreadsheet	Word Processing	Internet/Email	Typing wpm:
Data Entry	Telephone	🔲 Ten Key	Documentation	
Operational Skills				
Bucket Truck	Fork Lift	Backhoe	Trencher	U Welding type:
Dump Truck	Bull Dozer	Crane	Loader	Truck Driving type:
Comments				

SPECIALIZED TRAINING, APPRENTICESHIPS AND LICENSES

JOB-RELATED TRAINING RECEIVED IN THE U.S. MILITARY

Branch	Dates of Service		
	From:	To:	

ADDITIONAL QUALIFICATIONS AND SKILLS

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (specify)				

EMPLOYMENT HISTORY

List most current job followed by <u>all</u> previous employment for the past <u>ten years</u>. Please completely fill in all the requested information. A resume may be used to provide additional information

Employer	Type of Business	Work Performed (be specific)
Address		
Phone Number () – ext.:	Employment Start Date	
Reason for Leaving	Employment End Date	
Your Job Title	Beginning Wage/Salary	
Supervisor's Name	Ending Wage/Salary	

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PERSONAL INFORMATION

Do you have	o m	inimum	colory	requirement
Do you nave	am	mmun	Salary	requirement

t? 🗌 Yes 🔄 No If yes, please list your requirement. \$

per

Have you ever been convicted of a felony? Yes No If yes, please explain. You will not be automatically disqualified by answering "yes" since the nature of the offense, date and type of job that you are applying for will be considered.

PERSONAL REFERENCES Please do not include family members or past supervisors

Name		Occupation
City and State	Phone Number () – ext.:	Best Time to Call
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City and State	Phone Number () – ext.:	Best Time to Call
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City and State	Phone Number () – ext.:	Best Time to Call

APPLICANT'S STATEMENT OF UNDERSTANDING

I certify, to the best of my knowledge, all information given herein is true and complete.

I understand that consideration for employment is conditioned upon the results of a reference check and that the employer is authorized to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in this application, attached sheets or resume, and/or any interview may result in discharge. I authorize all individuals, schools, and firms, named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability or damages relating to the release of such information.

I understand that as a condition of employment, I will be required to submit to and pass a drug screen and physical prior to the commencement of employment. I agree to allow the Valley TeleCom Group to receive a report regarding the results of both the drug screen and physical. I also understand that the Valley TeleCom Group has a *"drug free workplace"* policy and if I am employed, circumstances may arise where I will be required to submit to drug and/or alcohol testing in accordance with their drug and alcohol policies.

I hereby understand and acknowledge that any employment relationship with the Valley TeleCom Group 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, conduct, and/or explicit or implicit agreement unless such change is specifically acknowledged in writing by an authorized executive of the Valley TeleCom Group that this application is not a contract of employment.

Yes, I have read and acknowledge the above Statement of Understanding.
Acknowledged by: Date Acknowledged:
Please note: A physical signature will be requested if you are selected to interview for the position.

Signature of Applicant

Date