

EMPLOYMENT APPLICATION



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

Job Code: Student
Close Date: April 19
HR Review: _____
Copied: _____
Interview: Yes No
Reply: C/R N/S T/L N/O

All applicants will be considered for the position applied for without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For <i>(This application will only be valid for this position and not for other job openings)</i> Student	Date of Application
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How did you hear about this position?

Newspaper Friend Inquiry Employee
 Employment Agency Relative Internet Other:

Last Name	First Name	Middle Initial		
Mailing Address	City	State	Zip Code	
Home Phone () -	Message Phone () -	Work Phone () - ext.:	Email Address	

If you are currently employed, may we contact your employer? 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, please list your dates of employment and most recent job title. From: _____ To: _____ Job Title: _____ Yes No

Do you have any relatives currently working for the Valley TeleCom Group? If yes, please state their name, relationship and office location: _____ Yes No

Are you prevented from lawfully becoming employed in this country?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

Are you under 18 years of age? If yes, please provide your 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: Full-Time Part-Time Temporary Rotating Days Rotating Shifts Overtime
(check all that apply)

If hired, when could you start?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 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

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

EMPLOYMENT HISTORY

List most current job followed by all previous employment for the past ten years. 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 a minimum salary requirement? 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	
Name	Occupation
City and State	Phone Number () - ext.:
Best Time to Call	
Name	Occupation
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

Parent Signature

Date

