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: CCS 11.2020			
Close Date: Open until filled			
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 (This application will only be valid for this position and not for other job openings)		Date	of Application		
Customer Care Specialist					
How did you hear about this position?					
☐ Newspaper	Friend	☐ Inquiry	☐ Emp	oloyee	
☐ Employment Agency	Relative	☐ Internet	☐ Oth	er:	
Last Name	First Name	Middle	Initial		
Mailing Address	City		State	Zip Code	
Home Phone Message Ph	one W	/ork Phone – ext.:	Email /	Address	
If you are currently employed, may we conta	act your employer?		☐ n/a	☐ Yes ☐ No	
Are you presently on lay-off and subject to r	ecall?			☐ 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: Output Description: Description					
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 name, relationship and office location:	for the Valley TeleCom (Group? If yes, please state t	heir	☐ Yes ☐ No	
Are you prevented from lawfully becoming a (Proof of citizenship or immigration status will		nt.)		☐ Yes ☐ No	
Are you under 18 years of age? If yes, plea	se provide your date of b	irth		☐ 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 ☐ Word Processing ☐ Computer Spreadsheet ☐ Internet/Email ☐ Typing wpm: ☐ Telephone ☐ Ten Key Documentation □ Data Entry Operational Skills ☐ Bucket Truck ☐ Fork Lift Backhoe ☐ Trencher ☐ Welding type: □ Bull Dozer □ Crane □ Loader ☐ Dump Truck ☐ 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** Name and Address of School Course of Study Diploma/ School Years Completed 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	
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	
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	
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	

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	Employment Start Date	
() – ext.:		
Reason for Leaving	Employment End Date	
Your Job Title	Beginning Wage/Salary	
Supervisor's Name	Ending Wage/Salary	
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	
	L	
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	
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	

PERSONAL INFORMATION ☐ No per If yes, please list your requirement. \$ ☐ No Have you ever been convicted of a felony? ☐ Yes 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 Best Time to Call Name Occupation City and State Phone Number Best Time to Call Name Occupation City and State Phone Number 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