

APPLICATION FOR EMPLOYMENT



WAITSFIELD AND CHAMPLAIN VALLEY TELECOM

Position (s) Applied For _____ **Date of Application** ____/____/____

Name _____
Last First Middle Nickname

Address _____
Street City State Zip Code

Telephone # (____) _____ **Mobile/Pager/Other Phone #** (____) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed by this organization before? Yes No

Do you have friends and/or relatives employed by this organization? Yes No

If yes, please list _____

Would any of your previous employers not want to hire you back if they needed to fill a position? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

Type of employment desired Full-Time Part-time Temporary

Preferred Department: Administrative Services Customer Service Accounting Information Systems/GMA
 Engineering Service Technician Mechanic Warehouse OSP Construction
 Marketing Directory Sales Regulatory/Legislative Human Resources

Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior in the last 15 years?..... Yes No

If yes, please attach an explanation.

Valid driver's license number _____ **State** _____

Employment History

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per
From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per

Have you completed this employment history accurately, including any jobs that were of short duration? Yes No

Resume attached Yes No

OVER

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational / Military Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
High School				
College		MAJOR	DEGREE	
Other				
MILITARY	BRANCH	RANK AT DISCHARGE		DATES OF SERVICE

Specialized Skills *(Indicate Skills/Equipment Operated)*

- PC Microsoft Word
 Calculator PBX System(s)
 Microsoft Excel
 Microsoft Access

State any additional information you feel may be helpful to us when considering your application.

References

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

In consideration of Selectronics' and Waitsfield and Champlain Valley Telecom's (hereinafter referred to as "the Company") evaluation of my suitability for employment, I hereby authorize the Company to perform all checks of my credentials as allowed by law including, but not limited to, discussions with: supervisors, co-workers, friends, business associates, or other individuals that the Company, in its sole discretion, believes may have relevant information regarding my suitability for employment. I agree not to assert any claims or causes of action of any kind against the Company, its agents, its employees, or any individual contacted by the Company arising out of the Company's investigation. I further release and forever discharge the Company, its agents, its employees and the individuals and companies contacted by the Company as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's investigation of my credentials. I acknowledge that the Company has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

The employer does not unlawfully discriminate in employment on the basis of any protected class including, without limitation, race, creed, color, national origin, ancestry, sex, age, marital status, veteran status or handicap, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 1 calendar year from the date of submission. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that if I'm hired by the Company, I will be an employee at will, which means that either I or the Company can terminate the employment relationship at any time, for any reason, with or without notice. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date ____/____/____