

# Application For Employment

PROJECT MUTUAL TELEPHONE CO.  
507 G STREET  
RUPERT, ID 83350

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP CODE

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

AREA CODE

Have you filed an application here before?  Yes  No Date \_\_\_\_\_

Have you ever been employed here before?  Yes  No Date \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

If yes, give Alien Registration Number \_\_\_\_\_

Are you available to work?  Full Time  Part Time  Shift Work

Will you work overtime if asked?  Yes  No

Are you on lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Do any of your relatives work here?  Yes  No

If yes, list name(s) \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  No  Yes

If yes, explain \_\_\_\_\_

Have you any physical defect which preclude you from performing certain jobs?  Yes  No

If yes, describe limitation \_\_\_\_\_

Are you a  Smoker  Non Smoker

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/H

<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b> Describe your duties and any special training	Branch of Service
	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

What foreign languages do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin):

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Summarize Special Skills and Qualifications  
Acquired From Employment Or Other Experience

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Give name, address and phone number of three references not related to you.

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# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone (     ) -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Pay Start                      Last                      Per:
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone (     ) -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Pay Start                      Last                      Per:
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone (     ) -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Pay Start                      Last                      Per:
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone (     ) -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Pay Start                      Last                      Per:
	State Job Title and Describe Your Work	Reason for Leaving

<b>5</b>	Company Name	Telephone (     ) -
	Address	Employed (State Month and Year) From                      To
	Name of Supervisor	Pay Start                      Last                      Per:
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

# Education

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU Graduate?	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	
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Honors Received:

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

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### Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements 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 my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I further understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. I understand that any oral or written statement to the contrary is hereby disavowed and should not be relied upon by any prospective or existing employee. I understand that company policies and work rules are subject to change at any time.

Signature of Applicant

Date