

Application for Employment

MIDLAND
TELECOM

TELEPHONE SYSTEMS
OF NEBRASKA, INC



is and Equal Opportunity Employer
Must complete ENTIRE application in order to be considered for employment

Date of Application: _____ Position Applying For: _____

How did you learn about us? Job Posting Walk-In Advertisement Web Site
 Relative Employee If so, who: _____

Personal

Name (Last) _____ (First) _____ (Middle) _____

Home Address _____ City _____ State _____ Zip _____

Telephone Number (s) _____ Social Security Number _____

Are you currently employed? Yes No May we contact your present employer Yes No

Are you currently on "lay off" status and subject to recall? Yes No

Have you ever applied for employment with us before?
 If yes, Month and Year: _____

Were you interviewed? _____ Yes No

Have you worked for us before? Yes No Position held: _____
 If yes, state approximate termination date: _____ Reason for leaving: _____

Do you have relatives employed with us or have been employed ? _____ Yes No
 Name and Relationship: _____

Do you have a valid driver's license? _____ Yes No
 License # _____ State _____ Exp. Date _____

Are you at least 19 years of age? _____ Yes No
 Are you applying for: Full Time Part Time Seasonal Temporary
 Shift Preference: Days Evenings Nights Weekends No Preference

Can you travel if the job requires it? _____ Yes No

When can you begin work: _____

Legal

Have you ever been convicted of a criminal offense? _____ Yes No
 If yes, please explain offense and place of conviction. (a conviction will not necessarily disqualify and application)

Company Name		Telephone ()
Street, City, State		Employed (List Month/Year) From To
Name of Supervisor	Your Job Title	Salary \$ Per
Describe Your Work		Reason for Leaving
Company Name		Telephone ()
Street, City, State		Employed (List Month/Year) From To
Name of Supervisor	Your Job Title	Salary \$ Per
Describe Your Work		Reason for Leaving
Company Name		Telephone ()
Street, City, State		Employed (List Month/Year) From To
Name of Supervisor	Your Job Title	Salary \$ Per
Describe Your Work		Reason for Leaving

Experience

School	Name/Address of School	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High School		<u>1</u> <u>2</u> <u>3</u> <u>4</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<u>1</u> <u>2</u> <u>3</u> <u>4</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<u>1</u> <u>2</u> <u>3</u> <u>4</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently attending school?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
When do you plan to graduate? _____				

Education

Service Branch	Date of Duty	Rank and Specialty:
Reserve Affiliation	Special Training Received:	

Military

Name	Relationship to you:
City & State	Telephone ()
Name	Relationship to you:
City & State	Telephone ()
Name	Relationship to you:
City & State	Telephone ()

References

Skills

___ Windows Applications	___ Phone Systems	Equipment Operated (Machinery)	Skills suited for position
___ Microsoft Word	___ Microsoft Excel	_____	_____
___ Fax	___ E-mail	_____	_____
___ PC	___ Calculator	_____	_____
___ CRT	___ PBX System	_____	_____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Citizenship

Are you prevented from lawfully becoming employed in the county because of Visa or Immigration Status? ___ Yes ___ No
(proof of citizenship or immigration status will be required upon employment)

Signature

Applicant's Signature

I certify that answers given herein are true and complete to the best of my knowledge. I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, and employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I also understand that some positions require the examination of driving records and /or a physical examination prior to employment.

In the event of employment, I understand that false or misleading information given in my application or interview (may) result in discharge. I understand, also, that I am required to abide by all the rules and regulations or employer.

Signature of Applicant

Date

DO NOT WRITE IN THIS BOX-OFFICE USE ONLY

Human Resources

Interviewed By: _____

Remarks: _____

Hired: _____ Position: _____ Salary/Wages: _____