

MTC EMPLOYMENT APPLICATION

DIRECTIONS:

- Type or print, using blue or black ink
 - If you need additional space, attach a supplemental sheet
 - Sign the completed application
- PLEASE COMPLETE THE ENTIRE APPLICATION**

MTC is an equal opportunity employer.

MTC is representative of Mutual Telephone Company and LR Communications, Inc. dba Mutual TeleCommunications.

GENERAL

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF APPLICATION
ADDRESS		PHONE - DAY	PHONE - EVENING
CITY, STATE, ZIP CODE		PHONE - CELL	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (including driving under the influence or similar offense) OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.			
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO ISSUING STATE: _____ LICENSE NUMBER: _____			

POSITION

TYPE OF POSITION APPLYING FOR:	HOW DID YOU HEAR ABOUT THIS JOB?	
DATE AVAILABLE:	<input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR	WAGE/ SALARY EXPECTED
POSITION DESIRED:	<input type="checkbox"/> TEMPORARY	

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

EDUCATION & TRAINING

COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
LAST HIGH SCHOOL ATTENDED	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
OTHER	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER SKILLS, OFFICE EQUIPMENT, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT COMPANY NAME.

LANGUAGE ABILITY—LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	SPANISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	OTHER	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
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PROFESSIONAL ORGANIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND ORGANIZATION OR STATE OF ISSUANCE

AUTHORIZATION

I hereby certify that the answers and statements to the foregoing questions are true and correct without any misstatements or omissions of any kind. I hereby agree that any falsification or omission contained in this information shall be considered good and sufficient cause for discharge from employment.

If I am seriously considered for employment, I will be asked to provide my Social Security number for purposes of conducting a background check and verifying my employment eligibility. I hereby authorize MTC to investigate my background, work experience, criminal record, financial and credit record. Therefore, I hereby authorize the companies or persons named above to give any information concerning me or my employment. I further authorize and consent to the release of information pertaining to me from any companies, credit agencies or bureaus contacted by MTC pertaining to the foregoing. I hereby release said companies, credit agencies or persons furnishing information to MTC pursuant to this authorization from all liability for any damage whatsoever for issuing this information.

If I am hired, I hereby authorize MTC to deduct from wages due me at any time the value of any unreturned company property of MTC entrusted to me during the course of my employment.

I agree to abide by all employment and operational rules and regulations of MTC now in force or that may be established.

I understand that my application will be considered for any appropriate job opportunity with MTC that may exist now and for the next six months. It is my understanding that this notification may be made in person or by telephone. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, GENDER, RELIGION, or DISABILITY.

Employment is contingent upon furnishing evidence of identity and employment eligibility and passing a pre-employment drug screening and background check.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME/TITLE	MAILING ADDRESS	PHONE