

ARCTIC SLOPE TELEPHONE ASSOCIATION COOPERATIVE APPLICATION FOR EMPLOYMENT

Our Policy at Arctic Slope Telephone Association Cooperative, is to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, marital status, disabilities, or veteran status.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security # _____

Position Applied For: _____ Current Contact Number _____

How did you learn of this opening? _____

When can you start? _____

Desired Wage: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes _____ No _____

Are you looking for full-time employment? Yes _____ No _____

If no, what hours are you available? _____

EDUCATION

<i>School/College University</i>	<i>Name & Location</i>	<i>Major</i>	<i>Degree</i>
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<u>High School</u>	_____	_____	_____
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<u>College</u>	_____	_____	_____
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<u>College</u>	_____	_____	_____
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Other Training/Seminars

In addition to your work history, do you have any other skills, qualifications or experience we should consider?

Attach additional information if necessary.

EMPLOYMENT HISTORY (most recent first)

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes _____ No _____

Responsibilities

Reason for Leaving

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes _____ No _____

Responsibilities

Reason for Leaving

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes _____ No _____

Responsibilities

Reason for Leaving

- ◆ I certify that the fact set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Arctic Slope Telephone Association Cooperative is hereby authorized to make any investigations of my prior educational and employment history.
- ◆ I understand that employment at Arctic Slope Telephone Association Cooperative is “at will” which means that either I or Arctic Slope Telephone Association Cooperative may terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is constituted on this basis.

Signature _____ Date _____