

# 3 Rivers Communications

## Application for Employment

**For employment consideration, a signed job description must accompany this application.**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

### How Did You Learn About This Position?

Advertisement		Friend		Walk-In	
Employment Agency		Relative		Other	

Last Name	First Name	Middle Name		
Mailing Address		City	State	Zip Code
Telephone Number(s)		Social Security Number		

Please circle correct response:

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes      No
- Are you currently employed? Yes      No
- May we contact your present employer? Yes      No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes      No
- Proof of citizenship or immigration status will be required upon employment.
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work full time? Yes      No
- Are you currently on "lay-off" status and subject to recall? Yes      No
- Have you been convicted of a felony within the last 7 years? Yes      No

If Yes, please explain. Conviction will not necessarily disqualify an applicant from employment.

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities:				
Describe any honors you have received:				

# References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1.
2.
3.

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer:	Date Employed FROM: TO:	Work Performed
Address:		Hourly Rate/Salary
Telephone Number(s):		Starting: Final:
Job Title:	Supervisor:	
Reason for Leaving:		
2. Employer:	Date Employed FROM: TO:	Work Performed
Address:		Hourly Rate/Salary
Telephone Number(s):		Starting: Final:
Job Title:	Supervisor:	
Reason for Leaving:		
3. Employer:	Date Employed FROM: TO:	Work Performed
Address:		Hourly Rate/Salary
Telephone Number(s):		Starting: Final:
Job Title:	Supervisor:	
Reason for Leaving:		
4. Employer:	Date Employed FROM: TO:	Work Performed
Address:		Hourly Rate/Salary
Telephone Number(s):		Starting: Final:
Job Title:	Supervisor:	
Reason for Leaving:		

# Skills and Qualifications

Summarize special job-related skills and qualifications.

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Please list any equipment (office or mechanical) that you can efficiently operate.

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Have you ever had any job-related training in the United States Military? If yes, please explain.

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Please provide below a short narrative detailing why you believe you are qualified to fill this position.

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Use the space below to add any other comments you believe are relevant to your consideration.

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# Applicant's Statement

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

I authorize investigation of all statements contained 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 employer.

By signing below applicant agrees that he or she has reviewed each of the job specifications and that he or she is capable of performing each and every one. To the extent the applicant cannot perform each and every function, he or she states which requirements cannot be met and why:

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Applicant understands that the Company has a right to expect employees to perform all aspects of a position and if applicant is unable to perform these functions, he or she may not be hired, or he or she may be released from employment. By accepting applicant's statement of which functions cannot be performed, the Company does not waive any jobs requirements or indicate that applicant will be offered a position but will be excused from performance of those requirements.

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Signature of Applicant

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Date

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