

Education:

High School: Number of years completed (circle one) 1 2 3 4
 Diploma: Yes No G.E.D.: Yes No

School(s): _____ City/State: _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5+

School(s): _____ City/State: _____

Major: _____ Degrees Earned: _____

Other Training, Special Courses of Study or Degrees:

School(s): _____ City/State: _____

Course: _____

Degree or Certificate Earned: _____

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No If yes, explain.

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? Yes No

If yes, please specify (omit any organizations which reflects your race, color, religion, gender, national origin, age, sexual orientation, marital status or disabilities):

References: (Please list three persons, who are not either related to you or previous supervisors, who can provide reference information.)

Name Address	Phone Number(s)	Relationship / Occupation	Years Known

Employment Experience:

Begin with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, marital status, handicap or other protected status. You may attach another sheet if necessary.

May we contact your present employer? Yes No

If any employment was under a different name, indicate name.

1. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

2. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

3. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

4. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

Skills and Qualifications:

List any other experience, skills or qualifications including hobbies, which you feel may be relevant in evaluating your qualifications for employment. Indicate any job related military service.

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? Yes No If yes, please explain.

Do you have a valid commercial driver's license? Yes No

Check the following items that you are proficient with.

- | | | |
|--|--|---|
| <input type="checkbox"/> 10-key calculator | <input type="checkbox"/> Photocopier | <input type="checkbox"/> Multi-line phone system |
| <input type="checkbox"/> Postage machine | <input type="checkbox"/> Personal computer | <input type="checkbox"/> CAD Plotter |
| <input type="checkbox"/> Staking sheets | <input type="checkbox"/> Right-of-way | <input type="checkbox"/> Cable plow |
| <input type="checkbox"/> Trencher | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Fiber splicer |
| <input type="checkbox"/> Fork lift certification | <input type="checkbox"/> Cable testing equipment | <input type="checkbox"/> Central office equipment |

List any additional equipment (office or mechanical) you can efficiently operate.

List software programs that you are proficient in.

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

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

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 my application for employment as may be necessary in arriving at an employment decision. I further authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

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

I understand that due to the nature of 3 Rivers Communications business, attendance and punctuality are considered essential requirements of every position at 3 Rivers Communications and that poor attendance or tardiness may result in disciplinary action.

By signing below, I agree that I have reviewed each of the job specifications and that I am capable of performing each and every one. I have listed below any requirements that cannot be met and why.

I understand that 3 Rivers Communications has a right to expect all employees to perform all aspects of a position and if I am unable to perform these functions, I may not be hired, or I may be released from employment. By accepting my statement above of which functions cannot be performed, 3 Rivers Communications does not indicate that I will be offered a position but if employed, an individual evaluation will be made to determine if I may be excused from performance of those requirements.

If employed, I agree to hold in strictest confidence any information concerning 3 Rivers Communications, its Agents, Customers, etc., which may come to my knowledge.

I understand that completion of this Application for Employment does not guarantee that I have been employed by 3 Rivers Communications.

Signature of Applicant

Date

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

VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name _____ Phone _____

Address _____

Job Applied for or your specific skill area: _____

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential, and will be used in conformance with the law.

1. GENDER: _____ Male _____ Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? () Yes () No

b. Racial Background - Non-Hispanic:

() American Indian/Alaska Native () Asian, Asian American () Black, African American

() Hawaiian/Pacific Islander () White/Caucasian () 2 or more races, non-Hispanic

3. VETERAN STATUS – Check all that apply:

() Disabled Veteran - (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

() Recently separated veteran, (Service in the past 3 years.), other protected veteran, or an Armed Forces service medal veteran. "Other protected veteran" means "veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

4. DISABILITY STATUS

() Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind . _____

Please Sign here: _____

Date _____

* Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Gov't officials may also review this.

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/ Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)

JOB GROUP CODE: _____

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