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# APPLICATION FOR EMPLOYMENT

## Personal Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Is the Applicant related to a current Board member of Tri-County Communications Cooperative: Yes \_\_\_\_ No \_\_\_\_

Bylaws of the Cooperative prohibit certain employees from receiving compensation if related to a Board member. By submitting this application, the applicant understands that if they are offered and accept employment and a close relative\* is elected to the Board of Directors, that your employment with the Cooperative could be terminated pursuant to the Bylaws. (\*Close relative includes grandparents, parents, spouse, children, grandchildren, siblings, uncles, aunts, nephews and nieces, by blood, by marriage or by adoption and spouses of any of the foregoing.)

## Employment Desired:

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

## Education:

School	Name and location	Graduated	Emphasis	GPA
Grammar		Y N		
High School		Y N		
College		Y N		
Other (specify)		Y N		

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Any additional training, skills or experience you'd like to mention? \_\_\_\_\_

**Former Employers:** List your last four employers, starting with present or most recent.

Date (month/year)	Name and Address	Salary	Position	Reason for leaving
From: To:		\$ per		
From: To:		\$ per		
From: To:		\$ per		
From: To:		\$ per		

**References:** Give the names of three persons not related to you, whom you have known for at least one year.

Name	Address	Business	Yrs. Acquainted

**General:**

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that any employment accepted by me shall be "at will" employment and such employment may be terminated at any time without cause. I understand that this application will be kept on file for one (1) year from the date of signature.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This space for office remarks:**