

Personal In	formation:			
Name:		<u>-</u>		
	Last	First	Middle	
Address:	Street	City	State	
Phone #:		Social Security	#:	
Is the Applicant	related to a current Board m	ember of Tri-County Commur	nications Cooperative: Y	es No
Board mei and accep employme includes g	mber. By submitting this a of employment and a close ent with the Cooperative co randparents, parents, spou	ertain employees from rece pplication, the applicant und relative* is elected to the E ould be terminated pursuan use, children, grand-childrer by adop-tion and spouses	derstands that is they a Board of Directors, that It to the Bylaws. (*Clos In, siblings, uncles, aunt	are offered t your e relative s, nephews
Employmen	nt Desired:			
Position:	sition: Date you can start:			
Salary desired:	:	Are you curre	ntly employed?	
May we contac	ct your employer?			
Have you ever	applied to TCC before?	If so, when?		

Education:

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

ormer Employ	/ers: List your last four e	mployers, starting	with present or most	recent.
Date (month/year)	Name and Address	Salary	Position	Reason for leaving
rom:		\$		
ō:		per		
rom:		\$		
ō:		per		
rom:		\$		
ō:		per		
From:		\$		
		•		
References: Giv Name	ve the names of three person	ns not related to you, ddress	whom you have known Business	Yrs. Acquainte
eneral:	-			,
case of emerge	ncy, notify:	Phone:		
r omission of facts accepted by me sh	ation of all statements con s called for is cause for dis nall be "at will" employmen stand that this application	missal. Further, I ur t and such employi	nderstand and agree [.] ment may be termina	that any employmei ted at any time with
			_	
gned:			Date:	