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APPLICATION FOR EMPLOYMENT

Personal Information:

Name:_____
　　　　　　　Last　　　　　　　　　　　First　　　　　　　　　　　Middle

Address:_____
　　　　　　　Street　　　　　　　　　City　　　　　　　　State　　　Zip

Phone #:_____

Are you legally authorized to work in the United States? Yes   No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? Yes   No

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, grand-children, 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 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		

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: