



# Application for Employment

Pine Island Telephone Company is an Equal Opportunity Employer. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of protected status.

Legal Name – First		Middle Initial	Last	Today's Date
Address - Street				
City		State	ZIP Code	
Phone Number	Alternate No.		Email Address	
Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Citizen or national, permanent resident, a refugee, an asylee, or authorized to work under the amnesty provisions of U. S. immigrant law? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes briefly explain, including jurisdiction (state and county):	
Conviction doesn't necessarily bar you from employment				

## Sourcing

How did you find out about this position?	
<input type="checkbox"/> Friend/Relative (please specify): _____	<input type="checkbox"/> Newspaper Advertisement (please specify): _____
<input type="checkbox"/> Job Fair (please specify): _____	<input type="checkbox"/> Web Site (please specify): _____
<input type="checkbox"/> Pine Island Telephone Company Employee (please specify): _____	
<input type="checkbox"/> Other (please specify): _____	
Have you ever applied for a position with Pine Island Telephone Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?: (MM/DD/YY)	
Have you ever worked at Pine Island Telephone Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what position?	

## Work Interests

Position(s) to which you are applying	Date available for employment
Availability (please check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> On-call <input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Part-time <input type="checkbox"/> Night <input type="checkbox"/> Summer Only <input type="checkbox"/> Overtime	Number of desired hours per week:
Salary Expectation:	

## References

Please list three work and/or education related references. Do not list relatives.				
	Name	Phone number	Address	Relationship
1				
2				
3				

## Education

Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name and location of high school or GED program:		
<b>In the spaces below, please list any additional schools beyond high school/GED that you have attended, number of years completed, degrees received and your primary area of study.</b>				
School/City/State	Years Completed	Expected Completion	Degree Received	Course of Study (major/minor)
<b>1</b>		Month/year		
<b>2</b>		Month/year		
<b>3</b>		Month/year		
<b>4</b>		Month/year		

## Work History

Please provide your work history starting with present or most recent employer, include military service, if applicable. You may attach an additional page if you have additional relevant work history.

<b>1</b>	Name of Employer			Start Date	End Date
				month/year	month/year
	City		State	Zip Code	Job Title
	Name of Supervisor		Title of Supervisor		Salary
					Beginning
Phone number		May we contact this employer?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, at a later date			
Job Duties		Reason for Leaving			

<b>2</b>	Name of Employer			Start Date	End Date
				month/year	month/year
	City		State	Zip Code	Job Title
	Name of Supervisor		Title of Supervisor		Salary
					Beginning
Phone number		May we contact this employer?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, at a later date			
Job Duties		Reason for Leaving			

<b>3</b>	Name of Employer			Start Date	End Date
				month/year	month/year
	City		State	Zip Code	Job Title
	Name of Supervisor		Title of Supervisor		Salary
				Beginning	Salary
				End	
Phone number			May we contact this employer?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, at a later date		
Job Duties			Reason for Leaving		

<b>4</b>	Name of Employer			Start Date	End Date
				month/year	month/year
	City		State	Zip Code	Job Title
	Name of Supervisor		Title of Supervisor		Salary
				Beginning	Salary
				End	
Phone number			May we contact this employer?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, at a later date		
Job Duties			Reason for Leaving		

**Other Qualifications**

Please list other jobs, skills, training courses, membership, etc. relevant to this position.	Please list MS Office experience.
Do you have a current Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what state(s)?	Expiration Date(s)?

**Statement**

<b>Please read carefully and sign below.</b>	
I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment. I understand that employment is subject to satisfactory reference reports, satisfactory completion of a post-offer/pre-employment background check, satisfactory completion of a post-offer/pre-employment medical examination (will include drug-screen), proof of identity and authorization to work in the United States.	
I understand that all conditions of employment, including but not limited to hours, benefits, and salary are subject to change by Pine Island Telephone Company at any time without prior notice to employees. I also understand that employment at Pine Island Telephone Company is "at will" employment and may be terminated at any time by either party. Pine Island Telephone Company reserves the right to decide in its sole discretion whether it will assist any foreign national to obtain or extend any necessary work authorization under U.S. immigration law, and whether to revoke an offer of employment to such person. I further understand that I am required to abide by all rules and regulations of Pine Island Telephone Company.	
I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying all information on my resume.	
Signature <b>X</b>	Date of signature