



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THIS APPLICATION YOURSELF, GIVING ANSWERS TO THE QUESTIONS WHICH APPLY TO YOU.

Name _____ Date _____

Address _____ Contact Telephone _____

City, State, Zip _____ Home Telephone _____

How long have you lived at current address Years _____ Months _____ Have you previously worked for our company Yes No

Position applied for _____ Have you previously applied with our company Yes No

Email Address _____ Date available to start _____

Do you have any relatives currently employed by our company? Yes No Name _____

Do you wish to work: Full Time; Part time? If part time, hours or days _____

Have you ever held this position or done this kind of work before? Yes No

How did you hear about this position? _____

Record of Employment

PRESENT (OR MOST RECENT) EMPLOYER: May we contact your present employer about this application? _____

Company _____ Type of Business _____

Address _____ Phone _____

WHEN YOU STARTED	CURRENTLY OR WHEN YOU LEFT	NAME OF LAST SUPERVISOR
Date _____	Date _____	_____
Description of job _____ _____ _____	Description of job _____ _____ _____	Title _____ Reason for leaving _____ _____

PREVIOUS EMPLOYER

Company _____ Type of Business _____

Address _____ Phone _____

WHEN YOU STARTED	CURRENTLY OR WHEN YOU LEFT	NAME OF LAST SUPERVISOR
Date _____	Date _____	_____
Description of job _____ _____ _____	Description of job _____ _____ _____	Title _____ Reason for leaving _____ _____

PREVIOUS EMPLOYER

Company _____ Type of Business _____

Address _____ Phone _____

WHEN YOU STARTED	CURRENTLY OR WHEN YOU LEFT	NAME OF LAST SUPERVISOR
Date _____	Date _____	_____
Description of job _____ _____ _____	Description of job _____ _____ _____	Title _____ Reason for leaving _____ _____

If More Than Two Previous Employers, List Others Here

Employment Dates From To	Company and City/State	Position or Type of Work	Reason for Leaving

Education or Training Experience

School	Name of School	City, State	Major Course or Subject	Did you Graduate? Degree?
High School				
College or University				

Special Skills, Licenses, or Certifications

Motor Vehicle Record

Do you currently hold a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No State _____ Class _____
License Number _____ Date Expires _____ Restrictions _____

List three business/work references. Do not list relatives, your current supervisor, or previous supervisors.

Name	Address, City, State	Relationship/Years Known	Phone/E-mail

Have we missed something important?

Please use the space below to inform us of any special activity, awards, or other information that may help us to understand your skills and abilities for this job.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. It is the Company's policy (and required by state and federal law) to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital or domestic partner status, sexual orientation, gender identity or expression, age, ancestry, national origin, disability, genetic information, or medical condition, as defined in state and federal laws. This policy covers all aspects of employment, including, but not limited to, recruitment, selection, training, promotion, transfer, compensation, demotion, and termination. Persons denied employment based on above conditions may file a complaint with our Company and/or with state or federal authorities.

APPLICANT’S STATEMENT

I certify that the information in this application and any attachments are true and complete to the best of my knowledge, and I agree to have these statements verified by the Company. I understand that any misrepresentation or material omission may result in my failure to receive an offer or, if I am hired, in my termination.

I authorize my references and supervisors, and other representatives of any former employer to provide information concerning my previous employment, including responding to verbal or written inquiries from the Company or its affiliates regarding all my employment records, including, but not limited to, work performance, disciplinary records, reliability, reasons for terminating my employment, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful or threatening behavior, including information based upon materials in my personnel files. I release all parties, including former employers and their representatives, and the Company, from any and all liability for damages that may result from the furnishing of such information, as well as from the use of or disclosure of such information by the Company or its agents.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY.

I understand that no representative of the Company or its affiliates, other than the President or Vice President Operations, has the authority to agree to the contrary. Further, the President or Vice President Operations may not alter the at-will nature of the employment unless done so specifically in writing, signed by both the President or Vice President Operations and me.

I understand that I am required to abide by all policies, rules and regulations of the employer.

I understand that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal right to work in the United States.

I understand that in connection with the application process Sierra Telephone or Sierra Cellular may request information from a "Consumer Reporting Agency."

Applicant’s Name _____ Date _____
(Print)

Applicant’s Signature _____

By checking this box, I acknowledge that I have carefully read and understand the above **Applicant’s Statement**. I expressly agree that this acknowledgement may be provided by electronic means pursuant to the Uniform Electronic Transactions act (UETA) for the Electronic Signatures in Global and National Commerce Act (E-SIGN).