

Jefferson Telecom 105 W. Harrison St. Jefferson, IA 50129 Phone: (515)-386-4141 Fax: (515)-386-2600

**EMPLOYMENT APPLICATION** 

We are an equal opportunity employer and do not discriminate in hiring or terms and conditions of employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or veteran status in accordance with applicable local, state, and federal laws.

Position applied for					_ Date	/	/	
Name (Last)	(First)				(Middle)			
AddressStreet								
Street		City			S	tate	Zip	
Telephone # (Home)	(Other)			_				
Type of employment desired  Full Time	Part Time	Other: _				Pay desired	i	
Desired start date//	Have yo	ou ever b	een empl	loyed he	re before?	☐ Yes ☐	No	
Are you legally eligible to work in the U.S.? $\Box$	Yes $\square$ No	If you ar	e under 1	18, can y	ou furnish	a work perm	nit? 🗖 Yes 🗖 N	
Have you ever been convicted of a felony? $\square$ Y	es 🛮 No If y	es, expla	in					
			Convicti	ion will no	t necessarily	disqualify an ap	plicant from employme	
Referral Source			_ (Newspa	aper, web	page, placem	ent office, perso	nal referral, etc.)	
If Job Related: Do you possess a valid driver's lie	cense?  Yes	☐ No	License	#			State	
Employment History - Begin with your present of	1 1							
Employer  Employer	From	/	/	То	/	/		
Address		Pay	<u>/</u>		Last Pay	\$	<u> </u>	
Telephone	_	erformed				φ	l	
Job Title								
Supervisor								
Reason for Leaving								
reason for Leaving								
Employer	From	/	/	То	/	/		
Address	Starting	Pay \$			Last Pay	\$		
Telephone	Work P	erformed				_	·	
Job Title								
Supervisor								
Reason for Leaving								
Employer	From	/	/	То	/	/	1	
Address	Starting	Pay	<del></del>		Last Pay	\$	<u> </u>	
Telephone	Work P	erformed				ΙΨ	I	
Job Title								
Supervisor								
Reason for Leaving								

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Name & Location of School	Course of Study	Years Completed	Diploma / Degree	GPA
High School				
College				
Trade/Technical				
Other				

			Completed	Degree	
High School					
College					
Trade/Technical					
Other					
Describe any Job-reia	ated licenses, certifications, public	ations, patents, or special re	cogmuon.		
Describe any speciali	zed, job-related training you have	e received and skills you pos	sess.		
List any office equip	nent/work equipment you are pro	ficient in operating includin	g application s	oftware.	
D e					
<b>References</b> — List the	ree professional references that are <u>not</u> include	ded in the Employment History section	on of this application	1	
Name of Reference					
Telephone					
Telephone					
Occupation					
Relationship / Years Known					
Tears Known					
I certify that the respon	nses provided herein are true and co	mplete. I understand that any	misrepresentati	on by me on this a	pplication
will be sufficient cause	e for cancellation of this application				
application may result	in termination.				
	gation of all statements and reference				
	release from liability the employer		king such infor	mation and all othe	r persons,
corporations, or organi	izations for furnishing such informa	uon.			
	his employment application, any int				
	ts. I understand that if I am employed notice at any time at the option of expressions of the state of the st		n an at-will basis	s and can be termin	ated with or
	nonce at any time at the option of the	into the company of myself.			
Signature of Applicant	t ·	Dot	e/_	/	
Signature of Applicant	·	Dat	·	/	