| <b>EMPLOYMENT APPLICATION</b>  | Job Code: Cust 07.29.21 Close Date: Open until filled                |  |  |  |
|--|--|--|--|--|
| Valley Telephone Coop., Inc.           Copper Valley Telephone, Inc.           Valley Telecommunications Co.           Valley Connections, LLC           752 E. Maley St., PO Box 970, Willcox, AZ 85644           Phone: 520-384-2231 Fax: 520-826-1848 | HR Review:<br>Copied:<br>Interview: Yes No<br>Reply: C/R N/S T/L N/O |  |  |  |
| All applicants will be considered for the position applied for without regard to rac<br>gender, national origin, age, disability, marital or veteran status, or any other legally pr   |  |  |  |  |
| Position Applied For (This application will only be valid for this position and not for other job openings)<br>Custodian   | Date of Application  |  |  |  |
| How did you hear about this position?         Newspaper       Friend       Inquiry       Employee         Employment Agency       Relative       Internet       Other:   |  |  |  |  |
| Last Name First Name Middle Initial  |  |  |  |  |
| Mailing Address City   | State Zip Code   |  |  |  |
| Home PhoneMessage PhoneWork Phone( )-( )-ext.:   | Email Address  |  |  |  |
| If you are currently employed, may we contact your employer?   | 🗌 n/a 🗌 Yes 🗌 No   |  |  |  |
| Are you presently on lay-off and subject to recall?  | 🗌 Yes 🗌 No   |  |  |  |
| Have you ever applied for a position with us before? If yes, please give the date and the position you applied for. Date: Position:  | 🗌 Yes 🗌 No   |  |  |  |
| Have you ever been employed with us before? If yes, please list your dates of employment and most recent job title. From:       To:       Job Title:   | 🗌 Yes 🗌 No   |  |  |  |
| Do you have any relatives currently working for the Valley TeleCom Group? If yes, please state their name, relationship and office location:   | Yes No   |  |  |  |
| Are you prevented from lawfully becoming employed in this country?<br>(Proof of citizenship or immigration status will be required upon employment.)   | 🗌 Yes 🗌 No   |  |  |  |
| Are you under 18 years of age? If yes, please provide your date of birth   | 🗌 Yes 🗌 No   |  |  |  |
| Do you have a valid driver's license? If so, list Class and State  | 🗌 n/a 🗌 Yes 🗌 No   |  |  |  |
| Can you travel if the job requires it? (Answer only if position requires you to travel)  | n/a Yes No   |  |  |  |
| Are you available to work:   | tating Shifts   Overtime   |  |  |  |
| If hired, when could you start?  |  |  |  |  |
| WE ARE AN EQUAL OPPORTUNITY EMPLOYE  | R  |  |  |  |

### SPECIALIZED SKILLS

| Clerical/Office Skills |             |                   |                |                     |
|------------------------|-------------|-------------------|----------------|---------------------|
| Computer               | Spreadsheet | U Word Processing | Internet/Email | Typing wpm:         |
| Data Entry             | Telephone   | 🗌 Ten Key         | Documentation  |                     |
|                        |             |                   |                |                     |
| Operational Skills     |             |                   |                |                     |
| Bucket Truck           | Fork Lift   | Backhoe           | Trencher       | Welding type:       |
| Dump Truck             | Bull Dozer  | Crane             | Loader         | Truck Driving type: |
|                        |             |                   |                |                     |
| Comments               |             |                   |                |                     |
|                        |             |                   |                |                     |
|                        |             |                   |                |                     |
|                        |             |                   |                |                     |

# SPECIALIZED TRAINING, APPRENTICESHIPS AND LICENSES

### JOB-RELATED TRAINING RECEIVED IN THE U.S. MILITARY

| Branch | Dates of | of Service |
|--------|----------|------------|
|        | From:    | To:        |
|        |          |            |
|        |          |            |
|        |          |            |
|        |          |            |
|        |          |            |

# ADDITIONAL QUALIFICATIONS AND SKILLS

## EDUCATION

| School                    | Name and Address of School | Course of Study | Years<br>Completed | Diploma/<br>Degree |
|---------------------------|----------------------------|-----------------|--------------------|--------------------|
| High School               |                            |                 |                    |                    |
| Undergraduate<br>College  |                            |                 |                    |                    |
| Graduate/<br>Professional |                            |                 |                    |                    |
| Other<br>(specify)        |                            |                 |                    |                    |

#### **EMPLOYMENT HISTORY**

List most current job followed by <u>all</u> previous employment for the past <u>ten years</u>. Please completely fill in all the requested information. A resume may be used to provide additional information

| Employer                    | Type of Business      | Work Performed (be specific) |
|-----------------------------|-----------------------|------------------------------|
| Address                     |                       |                              |
| Phone Number<br>( ) – ext.: | Employment Start Date |                              |
| Reason for Leaving          | Employment End Date   |                              |
| Your Job Title              | Beginning Wage/Salary |                              |
| Supervisor's Name           | Ending Wage/Salary    |                              |

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|-----------------------------|-----------------------|------------------------------|
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| Employer           | Type of Business      | Work Performed (be specific) |
|--------------------|-----------------------|------------------------------|
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| Phone Number       | Employment Start Date |                              |
| ( ) – ext.:        |                       |                              |
| Reason for Leaving | Employment End Date   |                              |
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| Supervisor's Name           | Ending Wage/Salary    |                              |

#### PERSONAL INFORMATION

| Do you have a minimum salary requirement? | ′es 🗌 No | If yes, please list your requirement. \$ | per                    |
|---|----------|--|------------------------|
| Have you ever been convicted of a felony? |          |  | ically disqualified by |
|   |          |  |                        |

#### **PERSONAL REFERENCES** Please do not include family members or past supervisors

| Name           |                             | Occupation        |
|----------------|-----------------------------|-------------------|
| City and State | Phone Number<br>( ) – ext.: | Best Time to Call |
| Name           |                             | Occupation        |
| City and State | Phone Number<br>( ) – ext.: | Best Time to Call |
| Name           |                             | Occupation        |
| City and State | Phone Number<br>( ) – ext.: | Best Time to Call |

### APPLICANT'S STATEMENT OF UNDERSTANDING

I certify, to the best of my knowledge, all information given herein is true and complete.

I understand that consideration for employment is conditioned upon the results of a reference check and that the employer is authorized to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in this application, attached sheets or resume, and/or any interview may result in discharge. I authorize all individuals, schools, and firms, named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability or damages relating to the release of such information.

I understand that as a condition of employment, I will be required to submit to and pass a drug screen and physical prior to the commencement of employment. I agree to allow the Valley TeleCom Group to receive a report regarding the results of both the drug screen and physical. I also understand that the Valley TeleCom Group has a *"drug free workplace"* policy and if I am employed, circumstances may arise where I will be required to submit to drug and/or alcohol testing in accordance with their drug and alcohol policies.

I hereby understand and acknowledge that any employment relationship with the Valley TeleCom Group is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document, conduct, and/or explicit or implicit agreement unless such change is specifically acknowledged in writing by an authorized executive of the Valley TeleCom Group that this application is not a contract of employment.

Yes, I have read and acknowledge the above Statement of Understanding.
 Acknowledged by: Date Acknowledged:
 Please note: A physical signature will be requested if you are selected to interview for the position.

Signature of Applicant

Date