

**Vernon Communications Cooperative**

**APPLICATION FOR EMPLOYMENT**

Vernon Communications Cooperative is an equal opportunity employer. VCC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
\_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary (Please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently employed? \_\_\_Yes \_\_\_No

If so, may we inquire of your present employer? \_\_\_Yes \_\_\_No

Have you ever worked for this company before? \_\_\_Yes \_\_\_No

If yes, when? \_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No

If yes, who? \_\_\_\_\_

Are you able to travel if a job requires it? \_\_\_Yes \_\_\_No

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School			
College or University			
Trade, Business or Correspondence School			

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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**REFERENCES**

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Vernon Communications Cooperative to hire me. If I am hired, I understand that either Vernon Communications Cooperative or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Vernon Communications Cooperative has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Vernon Communications Cooperative true and complete information on this application. No requested information has been concealed. I authorize Vernon Communications Cooperative to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**