EMPLOYMENT APPLICATION

312 4th Street W, Clear Lake, SD, 57226
1022 Main Ave S, Brookings, SD 57006-0296
14 E 7th Ave, Webster, SD 57274
107 2nd Ave NW, Clark, SD 57225
PLEASE READ BEFORE SIGNING APPLICATION.



ITC Telecom is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of age, race, color, religious creed, gender, ancestry, mental or physical handicap or disability, marital status or veteran status. No question on this application is intended to secure information to be used for such discrimination.

I understand that to be considered for employment at ITC Telecom there is a need to investigate all information written on this application. Therefore, I authorize ITC Telecom to make a thorough investigation of my past employment, education and all other information contained in this application and I release from all liability any persons, institutions, organizations, corporations and companies supplying such information and any other information known to them about me. I also indemnify ITC Telecom against any liability, which may result from making such an investigation.

To assist ITC Telecom in the information collection process, I certify that all the information listed by me on this application is true and complete to the best of my knowledge. Therefore, I fully understand that any false, misleading or incomplete information may cause my application to be rejected, or if employed, may result in termination.

I hereby understand, acknowledge and agree that as a condition of any employment offered by ITC Telecom and to insure my personal safety and that of others, I will be required upon the request of ITC Telecom to: 1) Submit to a medical examination by a qualified physician; 2) Submit to a drug and/or alcohol test(s) prior to and at any time during my employment with ITC Telecom; and 3) Provide medical certification of my ability to perform the essential functions of my position at any time deemed necessary by ITC Telecom I hereby understand, acknowledge and agree that both the successful completion of any medical examination and negative result(s) on any drug and alcohol test(s) are required as a condition of employment by ITC Telecom I hereby consent to all of the requirements set forth above. I also consent to and authorize any examining medical professional to release any and all information regarding my medical condition to ITC Telecom upon the request of ITC Telecom. I further consent to, and authorize the release of the results of any and all drug and alcohol test(s) to ITC Telecom upon the request of ITC Telecom.

I understand this application is not, and is not intended to be a contract of employment, and that employment at ITC Telecom may be terminated at any time with or without cause and with or without notice, by either party.

Signature of Applicant	Date

Please print name

PERSONAL INFORMATION

Last Name: First Name: MI	
Address:	
Position Applied For:	
When would you be available for work?	
Are you 18 years of age or older? Yes No	
Are you applying for:	
Full-TimePart-TimeTemporary	
Will you work overtime, if necessary? Yes No On-call? Yes No	
State any limitations on working hours?	
How were you referred to us?	
Do you have any friends/relatives working for ITC Telecom? Yes No If so, who?	
Have you ever been employed by ITC Telecom before? Yes No If so, when?	
Are you legally eligible for employment in the USA? Yes No	
Have you been convicted of a felony in the last 10 years? Yes No (Conviction will not necessarily	у
disqualify the applicant from employment consideration.)	
Will you abide by the safety policies and procedures set forth by ITC Telecom? Yes No	
Do you have a valid driver's license? Yes No CDL? Yes No	

SKILLS (Please indicate your work experience with the following: (List length of time, for example 6 mos, 1 yr.)

Telephony	Length of time?
PC/Data Entry	Length of time?
Switchboard	Length of time?
10-Key	Length of time?
Heavy Equipment Operation	Length of time?
Please explain any other work experience ye	ou feel would be beneficial for ITC Telecom:

EDUCATION

Elementary School &	& Location	n	
High School & Loca	tion		Diploma? Yes No
Business/Trade Scho	ool & Loc	ation	
Number of Years Co	ompleted:		
Did you graduate?	Yes	No	Degree
College/University &	& Location	n	
Number of Years Co	ompleted:		
Did you graduate	Yes	No	Degree
Graduate/Profession	al & Loca	tion:	
Number of Years Co	mpleted:		
Did you graduate	Yes	No	Degree

EMPLOYMENT HISTORY (Please start with your present or most recent employer first.)

Company Name:	Telephone # ()
Address:	
Job Title:	Name of Supervisor:
Dates Employed From:	To:
Starting Pay:	Ending Pay:
Describe duties performed:	
-	
Reason for Leaving:	

Company Name:	Telephone # ()
Address:	
Job Title:	Name of Supervisor:
Dates Employed From:	To:
Starting Pay:	Ending Pay:
Describe duties performed:	
Reason for Leaving:	

Company Name:	Telephone # ()
Address:	
Job Title:	Name of Supervisor:
Dates Employed From:	To:
Starting Pay:	Ending Pay:
Describe duties performed:	
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Company Name:	Telephone # ()
Address:	
Job Title:	Name of Supervisor:
Dates Employed From:	To:
Starting Pay	Ending Pay:
Describe duties performed:	
Reason for Leaving:	

*Please use additional paper for other work experience.

Employer(s) you do not want contacted:	
Reason:	
(For ITC Telecom use only.)	

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terview Date:
art Date:
art Rate:
R Signature: