

**PONDEROSA TELEPHONE  
EMPLOYMENT APPLICATION**

Ponderosa Telephone is an at will, Equal Opportunity employer and all applicants are considered without regard to race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, sexual orientation, sex, age or any other basis protected by federal, state or local law, ordinance or regulation

In order to be considered a valid applicant for employment with Ponderosa Telephone, this application must be filled out in its entirety.

You may attach additional information, including your resume, to the back of this application.

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

All Names Used  
In The Past: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Mailing Address: Street City State Zip  
Street City State Zip

Telephone Number That You May Be Contacted At : \_\_\_\_\_

How Did You Hear About Our Company And This Job Opening? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_

Expected Rate of Pay?: \_\_\_\_\_ Are You Employed Now?: \_\_\_\_\_

If So, May We Contact Your Present Employer? \_\_\_\_\_

When would you be able to start?: \_\_\_\_\_

Have You Worked For Ponderosa Telephone Before? Yes  No  If YES, when \_\_\_\_\_

Have You Applied To Ponderosa Telephone Before? If So, When: \_\_\_\_\_

Please check all that apply regarding your work availability: Full-time  Part-time  Shift-work   
 On-call  Weekends  Overtime  Holiday

Are You Able To Perform The Essential Functions Of The Job For Which You Applied, Either With Or Without Reasonable Accommodation, including Regular Attendance? Yes  No

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)*

State Name Of Any Relative Working For Ponderosa: \_\_\_\_\_

*(Note: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, or morale, or if doing so could create conflicts of interest.)*

**EDUCATION AND SKILLS:**

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills, or extra-curricular that are relevant to the job for which you are applying:

\_\_\_\_\_

List professional, trade, business or civil activities and offices held. You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status or personal information: \_

\_\_\_\_\_

List any professional or vocation certificates, licenses, or registrations that you currently hold or have held in the past:

\_\_\_\_\_

**Employment History**

Please start with you current employer or last company you worked for and go back 10 years. Attach additional sheet(s) if necessary.

Name of Employer:		Phone #:	
Type of Business:		Direct Report's Name:	
Address & Street:			
City:		State:	Zip Code:
Dates of Employment	From:	To:	
Your position and duties:			
Reason for leaving:			
May we contact your employer:			

Name of Employer:		Phone #:	
Type of Business:		Direct Report's Name:	
Address & Street:			
City:		State:	Zip Code:
Dates of Employment	From:	To:	
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Address & Street:			
City:		State:	Zip Code:
Dates of Employment	From:		To:
Your position and duties:			
Reason for leaving:			
May we contact your employer:			

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name:	Last Name:	Phone#:
Address & Street:	City:	State & Zip:
Occupation:	# Yrs. Acquainted:	

First Name:	Last Name:	Phone#:
Address & Street:	City:	State & Zip:
Occupation:	# Yrs. Acquainted:	

First Name:	Last Name:	Phone#:
Address & Street:	City:	State & Zip:
Occupation:	# Yrs. Acquainted:	

**ACKNOWLEDGEMENT BY APPLICANT**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Ponderosa Telephone to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for not definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's General Manager.

I understand and agree that, if I am offered a position with the Company, it will be a conditional offered base on my successful passing of a drug and alcohol screen and, when applicable to the position, a job-related physical capabilities screen.

I understand and agree that, if I am offered a position with the Company, it will be a conditional offered base on the satisfactory results of a pre-employment background investigation. Information from former employers, personal references, government agencies, licensing entities, state and federal courts or educational institutions may be included in the investigation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date