



Application for Employment

3 Rivers Communications is proudly an Equal Opportunity – Affirmative Action Employer. 3 Rivers Communications does not discriminate in employment on account of race, color, religion, gender, national origin, age, marital or veteran status, medical conditions or handicaps that do not affect physical essential duties, or any other legally protected status.

Position applied for: _____

How did you learn of this opening? _____

For employment consideration, a signed and dated job description and background check authorization form must accompany this application.

Are you able to perform the essential functions of the job (described on the accompanying job description) for which you are applying, with or without a reasonable accommodation?

Yes No

Personal Information: *Incomplete information could disqualify you from further consideration. Please attach additional pages if adequate room is not provided.*

Name: _____
Last First Middle

Mailing Address: _____
P O Number and/or Street City State Zip Code

Contact Info: _____
Phone number(s) e-mail

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

On what date would you be available for work? _____

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain. Conviction will not necessarily disqualify an applicant from employment.

Education:

High School: Number of years completed (circle one) 1 2 3 4
Diploma: Yes No G.E.D.: Yes No

School(s): _____ City/State: _____

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4 5+

School(s): _____ City/State: _____

Major: _____ Degrees Earned: _____

Other Training, Special Courses of Study or Degrees:

School(s): _____ City/State: _____

Course: _____

Degree or Certificate Earned: _____

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? Yes No If yes, explain.

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? Yes No

If yes, please specify (omit any organizations which reflects your race, color, religion, gender, national origin, age, sexual orientation, marital status or disabilities):

References: (Please list three persons, who are not either related to you or previous supervisors, who can provide reference information.)

Name Address	Phone Number(s)	Relationship / Occupation	Years Known

Employment Experience:

Begin with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, marital status, handicap or other protected status. You may attach another sheet if necessary.

May we contact your present employer? Yes No

If any employment was under a different name, indicate name.

1. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

2. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

3. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

4. Employer:	Supervisor:
Address:	Phone #:
Job Title & Work Performed:	
Dates Employed:	Starting and Final Wage Amounts:
Reason for Leaving:	

Skills and Qualifications:

List any other experience, skills or qualifications including hobbies, which you feel may be relevant in evaluating your qualifications for employment. Indicate any job related military service.

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? Yes No If yes, please explain.

Do you have a valid commercial driver's license? Yes No

Check the following items that you are proficient with.

- | | | |
|--|--|---|
| <input type="checkbox"/> 10-key calculator | <input type="checkbox"/> Photocopier | <input type="checkbox"/> Multi-line phone system |
| <input type="checkbox"/> Postage machine | <input type="checkbox"/> Personal computer | <input type="checkbox"/> CAD Plotter |
| <input type="checkbox"/> Staking sheets | <input type="checkbox"/> Right-of-way | <input type="checkbox"/> Cable plow |
| <input type="checkbox"/> Trencher | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Fiber splicer |
| <input type="checkbox"/> Fork lift certification | <input type="checkbox"/> Cable testing equipment | <input type="checkbox"/> Central office equipment |

List any additional equipment (office or mechanical) you can efficiently operate.

List software programs that you are proficient in.

Please provide a short narrative detailing why you are qualified to fill this position.

Use the space below to add any other comments you believe are relevant to your consideration.

Applicant's Statement

I certify that the answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in my application for employment as may be necessary in arriving at an employment decision. I further authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

In the event of employment, I understand that false or misleading information given in my application, documentation, or interview(s) may result in discharge. I understand, also, that I am required to abide by all practices, regulations, and policies of the employer.

By signing below, I agree that I have reviewed each of the job specifications and that I am capable of performing each and every one. I have listed below any requirements that cannot be met and why.

I understand that 3 Rivers Communications has a right to expect all employees to perform all aspects of a position and if I am unable to perform these functions, I may not be hired, or I may be released from employment. By accepting my statement above of which functions cannot be performed, 3 Rivers Communications does not indicate that I will be offered a position but if employed, an individual evaluation will be made to determine if I may be excused from performance of those requirements.

If employed, I agree to hold in strictest confidence any information concerning 3 Rivers Communications, its Agents, Customers, etc., which may come to my knowledge.

3 Rivers Communications, requires a drug screening test as a part of its selection and hiring process. I understand the drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance(s) in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. Furthermore, I understand that I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

Furthermore, I also understand that a background check will be completed. Employment is contingent upon satisfactory results of the background check. The background check will consist of four searches, which are:

- Criminal History Search
- Social Security Number Trace/Validation
- Motor Vehicle Report (Driver's Record Check)
- Sexual and Violent Offender Search

I understand that completion of this Application for Employment does not guarantee that I have been employed by 3 Rivers Communications.

Signature of Applicant

Date

For employment consideration, a signed job description must accompany this application.

VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name _____ Phone _____

Address _____

Job Applied for or your specific skill area: _____

Federal law requires us to ask for this information. However, this information is strictly voluntary. Please sign and return this form even if you do not answer.

Its purpose is to ensure equal opportunity, and evaluate our good-faith recruiting efforts to attract ethnic minorities, women, veterans of the Vietnam era, and persons with disabilities. Hiring is based on qualifications. Quotas or preferences based on sex, race or ethnicity are prohibited by law.

We invite you to VOLUNTARILY identify yourself in the categories below, now or at any time in the future. You are not required to respond. If you decline, it will not subject you to adverse treatment. This is NOT part of your application file, it is confidential, and will be used in conformance with the law.

1. GENDER: _____ Male _____ Female

2. ETHNIC AND RACIAL BACKGROUND (Please answer both a. and b. if applicable)

a. Hispanic or Latino? () Yes () No

b. Racial Background - Non-Hispanic:

() American Indian/Alaska Native () Asian, Asian American () Black, African American

() Hawaiian/Pacific Islander () White/Caucasian () 2 or more races, non-Hispanic

3. VETERAN STATUS – Check all that apply:

() Disabled Veteran - (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

() Recently separated veteran, (Service in the past 3 years.), other protected veteran, or an Armed Forces service medal veteran. “Other protected veteran” means “veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

4. DISABILITY STATUS

() Disabled – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment. It would also assist us if you would tell us about any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. _____

Please Sign here: _____

Date _____

* Supervisors and managers may be informed about restrictions on the work duties of persons with disabilities or on facts needed for accommodations, first aid or emergency treatment. Gov't officials may also review this.

Employer Use Only:

EEO-1 Occup: 1.1 = Top/Executive Managers, 1.2 = All other managers/supervisors, 2 = Professionals, 3 = Technicians, 4 = Sales, 5 = Adm.Support/ Clerical, 6 = Skilled Crafts, 7 = Operators, 8 = Labor, 9 = Service (guards, janitors)
Rev. 2/2008

DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document 3 Rivers Communications discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites.

I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Applicant's Signature _____

Print Name _____

Date _____ Other Names Used _____

Social Security Number _____ / _____ / _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____ City/Town _____

Zip Code _____ Previous address _____

City/Town _____ State _____