



APPLICATION FOR EMPLOYMENT

*Fill out the application carefully and completely
Please print*

Date of Application:
 Position of Interest:
 Date of Availability:

Last name: _____ First name: _____ Middle Initial: _____

Present Address: _____ City: _____ State: _____ Zip Code: _____

How long have you lived at the above address? _____

Previous Address: _____ City: _____ State: _____ Zip Code: _____

How long had you lived at the previous address? _____

Telephone: _____ Cell phone: _____ Email address: _____

Are you legally eligible for employment in The United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you under 18 years of age? Yes No
 If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No

Do you have a valid Driver's License? Yes No

License No.: _____ Where issued? _____ Expiration Date: _____

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

Were you previously employed by Leaco Rural Telephone Cooperative? Yes No
 If yes, when? _____ Reason for leaving: _____

List any relatives working for Leaco: _____

Record of Education

Please note that academic transcripts may be requested

| School | Name & Location of School | Course of Study | Last Year Completed | Did You Graduate? | List diploma/degree earned |
|----------------------------------|---------------------------|-----------------|---|--|----------------------------|
| High School | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| College | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Post grad, professional or other | | | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | <input type="checkbox"/> yes <input type="checkbox"/> no | |

Military Service Record

What is your selective service classification?

Were you in the U.S. Armed Forces? Yes No If so, what branch?

Dates of duty:

Rank at discharge:

List duties in the service including specialized training?

Additional Information

Have you ever supervised others? Yes No If so, how many?

Have you ever trained others? Yes No If so, how many?

List any other experiences, skills, languages, or qualifications which you feel would especially fit you for work with Leaco.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

Employment History

Please list below all present and past employment beginning with your most recent. Account for all periods including unemployment and service with U.S. Armed Forces. Also include relevant voluntary and/or part-time work experience. Use additional sheet if necessary.

| | | | |
|---------------------|-----------------|---------------------|----------------|
| 1 | Employer: | Dates Employed | Work Performed |
| | | From | |
| | Address: | To | |
| | City/State/Zip: | | |
| | Phone No.: | Hourly Rates/Salary | |
| | Job Title: | Starting Final | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-----------------|---------------------|----------------|
| 2 | Employer: | Dates Employed | Work Performed |
| | | From | |
| | Address: | To | |
| | City/State/Zip: | | |
| | Phone No.: | Hourly Rates/Salary | |
| | Job Title: | Starting Final | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-----------------|---------------------|----------------|
| 3 | Employer: | Dates Employed | Work Performed |
| | | From | |
| | Address: | To | |
| | City/State/Zip: | | |
| | Phone No.: | Hourly Rates/Salary | |
| | Job Title: | Starting Final | |
| Reason for Leaving: | | | |

| | | | |
|---------------------|-----------------|---------------------|----------------|
| 4 | Employer: | Dates Employed | Work Performed |
| | | From | |
| | Address: | To | |
| | City/State/Zip: | | |
| | Phone No.: | Hourly Rates/Salary | |
| | Job Title: | Starting Final | |
| Reason for Leaving: | | | |