



APPLICATION FOR EMPLOYMENT

(Please Print)

Blue Valley Tele-Communications, Inc., and subsidiary companies consider applications for all positions without discrimination because of race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Position applied for _____ Date _____

How did you hear about us? _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

_____ (City) (State) (Zip)

Phone: _____
(Home) (Cell)

Social Security Number: _____ Email Address: _____

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

Have you ever been employed with us before? If yes give date _____ Yes No

Do you have relatives who work here? If yes state name & relationship _____ Yes No

Are you legally permitted to work in the United States? Yes No

If yes will you be prepared to produce proof at the time of hire, in accordance with the Immigration Reform and Control Act of 1986? Yes No

Have you ever been convicted of a crime? Yes No

Do you have a current driver's license? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

May we contact you at work? Yes No

Date available for work _____ Desired salary range _____

Are you available to work Full Time Part Time Temporary

EDUCATION				
SCHOOL	NAME & LOCATION	YRS COMPLETED	DIPLOMA/DEGREE	COURSE OF STUDY
High School				
Undergraduate				
College				
Grad/Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Please list present or most recent employer first. If additional space is needed, continue on a separate sheet of paper. Please include part-time employment, job related military service, and volunteer activities.

Employer	Phone Number
Address	Date Employed FROM: Mo. Yr. TO: Mo. Yr.
Position(s)	Supervisor/Manager
Primary Responsibilities	Hourly Rate/Salary Start: Final:
Reason for leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Phone Number
Address	Date Employed FROM: Mo. Yr. TO: Mo. Yr.
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Primary Responsibilities	Hourly Rate/Salary Start: Final:
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Primary Responsibilities	Hourly Rate/Salary Start: Final:
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ADDITIONAL INFORMATION

(Additional information, qualifications, or skills you feel may be helpful to us in considering your application.)

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or former supervisors.)

Name	Address	Phone
1.		
2.		
3.		



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