

APPLICATION FOR EMPLOYMENT

**Matanuska Telephone Association, Inc.
Attn: Human Resources (MS-AH)
1740 South Chugach
Palmer, Alaska 99645-6732**

(Revised 1/08)

MTA IS AN EQUAL OPPORTUNITY EMPLOYER. ALL APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

Position applied for:

Date of application:

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. Once offered a position you will be required to provide genuine documentation establishing your identity and eligibility to be legally employed in the United States.

PERSONAL INFORMATION:

Last Name:

First Name

Middle Name

List any assumed name, nickname, or name change necessary to verify the information in this application.

Mailing Address: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____

Work Telephone Number: () _____ Message Phone: () _____

Names of relatives currently working for MTA: _____

Referred by: _____

EMPLOYMENT related information:

Salary Requirements: _____

Date available for work? _____

Are you currently employed? _____

May we contact your employer? _____

Best time to call: _____

Are you currently on lay-off status and subject to recall? Yes ___ No ___

Will you work overtime if the job requires it? Yes ___ No ___

Have you been employed with us before? Yes ___ No ___ If yes, give dates: _____

Type of employment desired: (Check all that apply) Full time ___ Part time ___ Seasonal ___

EMPLOYMENT EXPERIENCE:

Start with your present position including any job related military assignments and volunteer activities. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Dates Employed: _____ to _____
Job Title: _____ Supervisor's Name: _____
Work Performed: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number () _____ Hourly Rate/Salary: _____
Reason for Leaving: _____

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Employer: _____ Dates Employed: _____ to _____
Job Title: _____ Supervisor's Name: _____
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Address: _____ City: _____ State: _____ Zip: _____
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Employer: _____ Dates Employed: _____ to _____
Job Title: _____ Supervisor's Name: _____
Work Performed: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number () _____ Hourly Rate/Salary: _____
Reason for Leaving: _____

PERSONAL REFERENCES: List names & telephone numbers of three work related references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME/ADDRESS	PHONE
1. _____	() _____
2. _____	() _____
3. _____	() _____

SUPPLEMENTAL INFORMATION (If additional space is needed please use separate sheet of paper.)

1. MTA is a people oriented business with customer service and satisfaction as one of our primary goals. What does superior customer service mean to you?

2. The contact you have with each and every customer is referred to as the "moment of truth". What are the potential results that can come from any given customer contact?

3. If you were faced with an irate customer, how would you handle the situation?

4. What do you think should be done about an employee who is not doing a fair share of the work?

5. Why do you want this job and how does it fit in with your future plans?

6. What did you like best about your last job? What did you like the least?

7. Think back to the supervisors that you have had in the past and their different management styles. Which management style did you like the best and why?

Job Related Training, Specialized Training, Apprenticeships, Research Activities, Accomplishments, Publications, Awards or additional information you would like us to consider:

ADDITIONAL QUESTIONS:

- o 1. If under the age of 18 can you supply proof of age and a work permit? Yes _____ No _____
- o 2. Will you travel if the job requires it? Yes _____ No _____
- o 3. Do you have an Alaska Commercial Drivers License? If so what Class? _____ Please list endorsements and restrictions if any: _____
- o 4. Have you been convicted of a felony? Yes _____ No _____
(Answering yes will not automatically exclude from consideration from employment at MTA)

EDUCATION:	<u>SCHOOL NAME & LOCATION</u>	<u>GRADUATED / MAJOR STUDIES</u> (Yes/No)
High School	_____	_____
Undergraduate/ College	_____	_____
Graduate/ College	_____	_____
Technical	_____	_____

APPLICANT DRUG SCREEN NOTIFICATION

In order for MTA to create and maintain a safe working environment, we require all applicants, offered positions at MTA, to submit to a drug-screening test by urinalysis as a condition of employment. Positive test results will result in the offer of employment being withdrawn and the applicant will not be considered for employment with the Association for a period of one year following the positive test. PERSONS UNDER THE AGE OF 18: If you are a minor you will be required to have your parent or legal guardian sign a consent form.

In addition to pre-employment drug testing, the Association maintains an active drug-testing program for reasonable cause and, where applicable, random drug testing to ensure a drug-free work place.

APPLICANT NOTIFICATION AND AGREEMENT

I authorize the investigation of all statements and information contained in this application as well as any prior employment history and, where applicable, driving records as may be necessary in arriving at an employment decision. I hereby release from all liability and agree to hold harmless anyone who provides information in response to the inquiry of Matanuska Telephone Association, Inc., for purposes of investigating my application and or the information provided on this form. I specifically release prior employers, as well as their officers, agents, and employees, from all liability and agree to hold them harmless for statements made pursuant to inquiries made by Matanuska Telephone Association, Inc., in its investigation of this application. Finally, I release and agree to hold harmless Matanuska Telephone Association, inc., as well as its officers, agents, and employees, from any claim of liability that might result from its or their initiation and following up on an investigation of the information contained in this application incident to my application for employment.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact leading to misrepresentation on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that if I am offered employment by MTA, depending on the requirements of the position, I may be asked to submit to a physical examination, the results of which will be given to MTA. I further agree to conform to all existing and future company rules, notices and regulations.

_____/_____/_____
Date

Signature of Applicant (MTA will not accept unsigned applications.)