

Date of Application:

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# APPLICATION FOR EMPLOYMENT

## Atlantic Seawinds Communications, L.L.C.

P.O. Box 3198 Shallotte, NC 28459

**PLEASE PRINT IN INK AND COMPLETE ALL INFORMATION. YOU MAY ATTACH A RESUME, BUT NOT IN PLACE OF COMPLETING THE REQUIRED INFORMATION. DO NOT REFERENCE RESUME. IF, DUE TO A DISABILITY, YOU REQUIRE ACCOMMODATION IN ORDER TO COMPLETE THIS APPLICATION, PLEASE LET US KNOW YOUR NEEDS...**

### An Equal Opportunity Employer

**NOTICE:** Applications For Employment will remain in active status for 90 days. After 90 days it is necessary to complete another Application For Employment to be considered for employment.

Name (Last, First, Middle)					
Position(s) applied for			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address		City	State	Zip	
Do you have a Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone ( ) - ( ) -	Alternate Phone ( ) - ( ) -	Email Address	Date available to begin work?
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have relatives (by blood or marriage) who work here or on the Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? Relationship?			Have you been convicted of any crimes in the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" describe in full.		
Some positions require employees to operate Company vehicles. Please provide us your Driver's License # _____ Issuing State _____					

### EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Company		From (Mo/Yr)	To (Mo/Yr)
Street Address		City	State	Zip	
Duties and Responsibilities		Reason for leaving, or why are you considering leaving?			
Starting Wage/Salary	Final Wage/Salary	Do/did you receive a Bonus?	Commissions?	May we contact your supervisor?	
Name of Immediate Supervisor		Title of Immediate Supervisor		Phone Number of Supervisor	
Previous Position		Company		From (Mo/Yr)	To (Mo/Yr)
Street Address		City	State	Zip	
Duties and Responsibilities		Reason for Leaving			
Starting Wage/Salary	Final Wage/Salary	Did you receive a Bonus?	Commissions?		
Name of Immediate Supervisor		Title of Immediate Supervisor		Phone Number of Supervisor	
Previous Position		Company		From (Mo/Yr)	To (Mo/Yr)
Street Address		City	State	Zip	
Duties and Responsibilities		Reason for Leaving			
Starting Wage/Salary	Final Wage/Salary	Did you receive a Bonus?	Commissions?		
Name of Immediate Supervisor		Title of Immediate Supervisor		Phone Number of Supervisor	

**EDUCATION INFORMATION**

High School	City	State	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subjects Studied	
College	City	State	Degree	Major	GPA
College	City	State	Degree	Major	GPA
Technical School	City	State	Degree	Major	GPA
Other	City	State	Degree	Major	GPA

**GENERAL**

Summarize special skills and qualifications acquired from employment and/or other experiences which qualify you for work with our Company.

What business equipment can you operate? (For example, computers, copiers, backhoe, trencher etc.)

References (list)	References (list)
Name Telephone#	Name Telephone#

In what computer software programs are you **proficient**? [Name the program(s).]

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN BELOW INDICATING YOUR AGREEMENT**

- \* I understand this application is active for 90 days. If after the 90 days I wish to be considered for employment I understand I will need to complete another Application For Employment.
- \* I understand that in accepting this application, Atlantic Telephone Membership Corp. is in no way obligated to provide me with employment, and I am not obligated to accept employment if offered. If employed, I agree to conform to the policies and procedures of the Company. Further, if employed, I understand I will be employed at will and my employment can be terminated with or without cause or notice at any time. Likewise, if employed, I will be free to resign my position at any time with or without cause or notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.
- \* I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand any falsified statements or information on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- \* I understand that Atlantic Telephone Membership Corp. is a drug-free workplace and all hiring is subject to successful completion of pre-employment drug screening. I agree to sign all necessary consent forms and to cooperate with all screenings.
- \* I also understand that any offer of employment is conditioned on the completion of a post-offer, pre-employment physical examination to determine if I can perform the physical requirements of the job. I agree to sign all necessary consent forms.
- \* I give Atlantic Telephone Membership Corp. the right to investigate all references and to secure additional job related information about me. I hereby release from liability Atlantic Telephone Membership Corp. and its representatives for seeking such information and all former employers and their representatives for furnishing such information.

Date	Signature
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**FOR HUMAN RESOURCES USE ONLY**

Interview date \_\_\_\_\_ Interviewer \_\_\_\_\_  
 Comments \_\_\_\_\_

Interview date \_\_\_\_\_ Interviewer \_\_\_\_\_  
 Comments \_\_\_\_\_

Appl. for ATMC.doc Offer extended \_\_\_\_\_ Job title \_\_\_\_\_ Start date \_\_\_\_\_