

SANTA ROSA

C O M M U N I C A T I O N S

SANTA ROSA TELEPHONE COOPERATIVE, INC.

7110 HWY 287 EAST

P.O. BOX 2128

VERNON, TX 76385

HR USE ONLY

EMPLOYEE NO. _____

DATE EMPLOYED _____

**APPLICANT MUST COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

DATE _____

Name _____ Social Security No. _____

First Middle Last

Present Address _____

Street City State Zip

Previous Address _____

Street City State Zip

Telephone Number () _____ Email Address _____

Do you have a legal right to be employed in the United States? YES NO

Are you over the age of 18? YES NO

Have you ever been convicted of a crime, excluding misdemeanors? If so, explain in full _____

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ F/T P/T TEMP SUMMER

Start Date _____ Salary Desired _____ Referred By _____

Do you have any relatives by blood, by marriage, by adoption or by living together working at this Cooperative? _____
If yes please indicate relationship and persons to whom you are a relative. _____

EDUCATION

High School Attended and Location	No. of Yrs Completed	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College Attended and Location	No. of Yrs Completed	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Trade, Business or Correspondence School	No. of Yrs Completed	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL

Special Courses and/or Training _____

Experience/Skills Related To The Position For Which You Are Applying _____

OFFICE/SECRETARIAL APPLICATIONS

Please check the following skills for which you have received training:

- | | | |
|---|--|--|
| <input type="checkbox"/> Micro Soft Word Processing | <input type="checkbox"/> Excel Spreadsheet | <input type="checkbox"/> Multi Line Telephone |
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Copier | <input type="checkbox"/> Cash Drawer/Balancing |
| <input type="checkbox"/> Typewriter WPM _____ | <input type="checkbox"/> Fax Machine | <input type="checkbox"/> 10-Key |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Accounting | <input type="checkbox"/> Data Entry |

List secretarial, commercial training courses completed which may be helpful in considering your application.

OUTSIDE/CONSTRUCTION APPLICATIONS

Please check the following skills for which you have received training:

- | | | |
|---|--|--|
| <input type="checkbox"/> Commercial Drivers License | <input type="checkbox"/> Installation of Telephones/Cable TV | <input type="checkbox"/> Digital Switch |
| <input type="checkbox"/> Cable Plowing Equipment | <input type="checkbox"/> Telephone/Cable TV Terminology | <input type="checkbox"/> Splicing of Fiber |
| <input type="checkbox"/> Boring Machine | <input type="checkbox"/> Drop Plow | <input type="checkbox"/> Copper Wiring |
| <input type="checkbox"/> Semi-Truck Driving | <input type="checkbox"/> Trenching/Ditching | <input type="checkbox"/> Backhoe |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Fiber Testing/Installation | |

PERSONAL REFERENCES (NO FORMER EMPLOYERS OR RELATIVES)

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE NUMBER

WORK REFERENCES

NAME _____	RELATIONSHIP AND TITLE _____
COMPANY _____	WORK PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____	YEARS KNOWN _____
NAME _____	RELATIONSHIP AND TITLE _____
COMPANY _____	WORK PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____	YEARS KNOWN _____

EMPLOYMENT HISTORY (LIST PRESENT OR MOST RECENT FIRST)

IF YOU ARE APPLYING FOR A POSITION THAT PERTAINS TO HAVING A COMMERCIAL DRIVERS LICENSE READ THE FOLLOWING. ALL DRIVER APPLICANTS TO DRIVE IN INTERSTATE COMMERCE MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING 3 YEARS. LIST COMPLETE MAILING ADDRESS, STREET NUMBER, CITY, STATE AND ZIP CODE. APPLICANTS TO DRIVE A COMMERCIAL MOTOR VEHICLE * IN INTRASTATE OR INTERSTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE.

NOTE: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT. ADD ADDITIONAL SHEETS AS NECESSARY.

COMPANY NAME (most recent 1)		ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	TYPE OF BUSINESS	YOUR POSITION

DUTIES: _____

NAME OF IMMEDIATE SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING PAY _____ FINAL PAY _____
DATE EMPLOYED (MONTH, DAY, YEAR)	DATE LEFT (MONTH, DAY, YEAR)	<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY

REASON FOR LEAVING: _____

COMMERCIAL DRIVERS ONLY:

WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

COMPANY NAME (2)		ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	TYPE OF BUSINESS	YOUR POSITION

DUTIES: _____

NAME OF IMMEDIATE SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING PAY _____ FINAL PAY _____
DATE EMPLOYED (MONTH, DAY, YEAR)	DATE LEFT (MONTH, DAY, YEAR)	<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY

REASON FOR LEAVING: _____

COMMERCIAL DRIVERS ONLY:

WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? YES NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

* INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 16 OR MORE PASSENGERS (INCLUDING THE DRIVER), OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

+ THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (FMCSRS) APPLY TO ANYONE OPERATING A MOTOR VEHICLE ON A HIGHWAY IN INTERSTATE COMMERCE TO TRANSPORT PASSENGERS OR PROPERTY WHEN THE VEHICLE: (1) WEIGHS OR HAS A GVWR OF 10,001 POUNDS OR MORE, (2) IS DESIGNED OR USED TO TRANSPORT MORE THAN 8 PASSENGERS (INCLUDING THE DRIVER), OR (3) IS OF ANY SIZE AND IS USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.

EMPLOYMENT HISTORY (CONTINUED)

COMPANY NAME (3)		ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	TYPE OF BUSINESS	YOUR POSITION

DUTIES: _____

NAME OF IMMEDIATE SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING PAY _____
DATE EMPLOYED (MONTH, DAY, YEAR)	DATE LEFT (MONTH, DAY, YEAR)	FINAL PAY _____
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY

REASON FOR LEAVING: _____

COMMERCIAL DRIVERS ONLY:WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? YES NOWAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

COMPANY NAME (4)		ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	TYPE OF BUSINESS	YOUR POSITION

DUTIES: _____

NAME OF IMMEDIATE SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING PAY _____
DATE EMPLOYED (MONTH, DAY, YEAR)	DATE LEFT (MONTH, DAY, YEAR)	FINAL PAY _____
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY

REASON FOR LEAVING: _____

COMMERCIAL DRIVERS ONLY:WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? YES NOWAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

COMPANY NAME (5)		ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	TYPE OF BUSINESS	YOUR POSITION

DUTIES: _____

NAME OF IMMEDIATE SUPERVISOR	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING PAY _____
DATE EMPLOYED (MONTH, DAY, YEAR)	DATE LEFT (MONTH, DAY, YEAR)	FINAL PAY _____
		<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY

REASON FOR LEAVING: _____

COMMERCIAL DRIVERS ONLY:WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED? YES NOWAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

* INCLUDES VEHICLES HAVING A GVWR OF 26,001 LBS. OR MORE, VEHICLES DESIGNED TO TRANSPORT 16 OR MORE PASSENGERS (INCLUDING THE DRIVER), OR ANY SIZE VEHICLE USED TO TRANSPORT HAZARDOUS MATERIALS IN A QUANTITY REQUIRING PLACARDING.
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VEHICLE OPERATOR'S INFORMATION (ALL APPLICANTS MUST COMPLETE)

DRIVER'S LICENSE INFORMATION

LIST ALL DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

ACCIDENT RECORD

ACCIDENT RECORDS FOR THE PAST 3 YEARS OR MORE (ATTACH ADDITIONAL SHEET IF NECESSARY) IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
MOST CURRENT				
NEXT CURRENT				
NEXT CURRENT				

TRAFFIC CONVICTIONS

PLEASE LIST ANY TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO

IF YOU ANSWERED YES TO EITHER A OR B OR BOTH PLEASE EXPLAIN _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	
		FROM (M/Y)	TO (M/Y)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP		
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP		
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP		
TRACTOR-THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN, TANK, FLAT, DUMP		
MOTORCOACH-SCHOOL BUS 8 PASS <input type="checkbox"/> YES <input type="checkbox"/> NO			
MOTORCOACH-SCHOOL BUS 15 PASS <input type="checkbox"/> YES <input type="checkbox"/> NO			

OTHER _____

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

INDICATE SPECIAL COURSES OR TRAINING THAT WILL ASSIST YOU AS A DRIVER: _____

DO YOU CURRENTLY HAVE ANY SAFE DRIVING AWARDS, IF SO FROM WHOM? _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account or furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by Santa Rosa Telephone Cooperative, my employment will be at will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of Santa Rosa Telephone Cooperative or myself. I understand that I have the right to end my employment at any time and that Santa Rosa Telephone Cooperative retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by Santa Rosa Telephone Cooperative Management.

If applying for a position requiring a commercial drivers licenses I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-submit the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

All applicants agree to furnish any additional information and complete such examinations as may be required to complete an employment file.

By signing below I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date