



# RTC NETWORKS

## Employment Application

RTC Networks  
PO Box 68  
Parshall ND 58770-0068  
www.myRTCNetworks.com

### PERSONAL

Last Name	First	Initial
Other Names(s) Used		Home Telephone #
Email		Mobile #
Address		Business #
Have you ever applied with the Company before?	If yes, list dates(s) and job title(s)	
Have you ever been employed by the Company before?	If yes, list dates(s) and job title(s)	
Are you at least 18 years old?	If under 18, do you have a work permit?	
What position are you interested in?		

### EDUCATION

Circle Highest Grade Completed:	High School	9	10	11	12
	College, Trade or Business	1	2	3	4
	Graduate Studies	_____			
School	Name & Address	Major Studies	Graduated?	Degree, Diploma, License or Certificate	
High School					
College/University					
Vocational, Business, Other					
List any Professional Designations					
Other Special Knowledge, Skills or Qualifications					
Computer Skills (Hardware/Software)					

### GENERAL

Yes	No	
_____	_____	May we contact your current employer for references?
_____	_____	Would you be willing to travel?
_____	_____	Would you be willing to work overtime?
_____	_____	Do you have a valid drivers license?
_____	_____	Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
_____	_____	Have you ever been convicted of a crime, excluding misdemeanors and summary which has not been annulled, expunged or seals by court? (A yes response does not automatically disqualify your application)

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed from	Employer Name	Supervisor Name	Starting Salary
Employed until	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

**REFERENCES**

Name	Occupation	Years Known
Address		Phone #
Name	Occupation	Years Known
Address		Phone #

**CERTIFICATION & AUTHORIZATION**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS EMPLOYMENT APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT, AND IF NOT DISCOVERED BY RESERVATION TELEPHONE COOPERATIVE UNTIL AFTER MY BECOMING EMPLOYED, IS GROUNDS FOR, AND MAY RESULT IN MY IMMEDIATE TERMINATION.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, or pregnancy, as well as any qualified individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the Employer from all liability that might result from making an investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

If hired, I agree to abide by all of the Company's rules and regulations. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY DATA COLLECTION FORM:**

The following information is requested by the Federal Government for certain types of loans in order to monitor compliance with equal opportunity. You are not required to furnish this information but are encouraged to do so. The law requires that we neither discriminate on the basis of this information nor on whether you choose to furnish it. If you choose not to furnish it Federal regulations require us to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the information please check the box below.

I do not wish to furnish this information.  
 I do wish to furnish this information, answered below:

<b>GENDER</b>	<b>ETHNICITY</b>	<b>RACE</b>	
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Female		<input type="checkbox"/> Asian	<input type="checkbox"/> White
		<input type="checkbox"/> Black or African American	

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).