

4121 Wilson Boulevard, Suite 1000

Arlington, VA 22203-1839

Phone: 703-351-2100

Asheville Service Center

30 Town Square Boulevard., Suite 300

Asheville, NC 28803

Phone: 828-225-3014

(please print)
employment

National Telecommunications Cooperative Association
Services Management Corporation
Foundation For Rural Service
application

APPLICATION FOR EMPLOYMENT (please print legibly)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history is essential. We will review your qualifications and will make every effort to reach a decision as quickly as possible. Please fully complete the entire application.

NTCA complies with the law regarding reasonable accommodation for disabled employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact Human Resources in order to arrange such accommodation.

It is NTCA's policy not to discriminate in its employment practices on the basis of race, religion, age, color, sex, national origin, disability, veteran status, or as otherwise required by applicable local or federal law.

Name		Last	First	Middle
Address			Social Security No.	
City/State/Zip			Phone Number	
Position for Which You are Applying		Date Available		Rate of Pay Desired (Per Year)
Previously Employed by NTCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to Perform Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work on Saturday and Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be able to provide verification of your legal right to work in the United States if you are offered a position with NTCA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
To your knowledge do you have any physical or mental limitations or other disabilities that might require reasonable accommodation in order for you to perform satisfactorily the essential functions for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain the disability and any reasonable accommodation necessary to perform the job for which you are applying:				
Have you been convicted of a felony within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain: (The existence of a criminal conviction does not constitute an automatic bar to employment. Convictions will only be considered in relation to specific job requirements.)				

EDUCATION AND TRAINING

(please note that academic transcripts may be required)

Name and Location of School	Years completed	Graduated		Major	Type of Degree
		Yes	No		
High School		<input type="checkbox"/>	<input type="checkbox"/>		
Colleges		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Graduate School		<input type="checkbox"/>	<input type="checkbox"/>		
Technical School	Course Length	<input type="checkbox"/>	<input type="checkbox"/>		
Primary Field of Graduate Study	Relevant Coursework				
Research					
Scholastic Honors, Scholarships, Assistantships					

EMPLOYMENT EXPERIENCE

Please complete all appropriate items, even if you have already provided us with a resume.

Please list your job history for the past seven years or last five employers, whichever is greater, starting with your current or most recent position. Include any periods in which you were not employed and explain what you were doing that time. You may include U.S. military experience (show rank/rate at discharge), summer/part-time jobs, and cooperative education assignments if relevant to the job you have applied.

Current Employer Name		Employer Telephone (Area Code/Number)	
Address		Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)
City/State/Zip		Starting Base Salary	Final Base Salary
Starting Position Title	Final Position Title	Name of Supervisor	Supervisor's Position Title
Is your current work performance satisfactory?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present supervisor/employer? If no, when?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain reason for leaving:			
Describe your responsibilities and/or accomplishments:			

Previous Employer Name		Employer Telephone (Area Code/Number)	
Address		Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)
City/State/Zip		Starting Base Salary	Starting Position Title
Final Position Title	Final Base Salary	Name of Supervisor	Supervisor's Position Title
Explain reason for leaving:			
Describe your responsibilities and/or accomplishments:			

Previous Employer Name		Employer Telephone (Area Code/Number)	
Address		Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)
City/State/Zip		Starting Base Salary	Starting Position Title
Final Position Title	Final Base Salary	Name of Supervisor	Supervisor's Position Title
Explain reason for leaving:			
Describe your responsibilities and/or accomplishments:			

Previous Employer Name		Employer Telephone (Area Code/Number)	
Address		Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)
City/State/Zip		Starting Base Salary	Starting Position Title
Final Position Title	Final Base Salary	Name of Supervisor	Supervisor's Position Title
Explain reason for leaving:			
Describe your responsibilities and/or accomplishments:			

EMPLOYMENT EXPERIENCE (Continued)

Previous Employer Name		Employer Telephone (Area Code/Number)	
Address		Starting Date (Mo./Yr.)	Leaving Date (Mo./Yr.)
City/State/Zip		Starting Base Salary	Starting Position Title
Final Position Title	Final Base Salary	Name of Supervisor	Supervisor's Position Title
Explain reason for leaving:			
Describe your responsibilities and/or accomplishments:			

REFERENCES

Please list three (3) professional references:

Name	Job Title	Phone (Area Code/Number)
Company Name/Address		Years Known
Name	Job Title	Phone (Area Code/Number)
Company Name/Address		Years Known
Name	Job Title	Phone (Area Code/Number)
Company Name/Address		Years Known

PRE-EMPLOYMENT STATEMENT

This Statement Must be Signed

Please read the following statements carefully, as they represent matters of importance to both you and NTCA in connection with this application for employment.

I understand and agree that:

1. The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or omission of any relevant information in my application, resume or any other materials or during the interview process will be justification for refusal of employment, or, if employed, termination from NTCA employment.
2. NTCA may verify all the information provided by me, including but not limited to my education and employment, or may procure or have prepared an investigative consumer report for this purpose.
3. I voluntarily authorize NTCA to verify information related to my education, and employment (with the exception of current employment, until I have authorized such contact), and release from liability all persons or entities supplying or collecting such information.
4. I understand that should I be offered employment, that the offer is conditioned on my ability to comply with all United States immigration laws. I also understand that if I fail to provide documentation that establishes my identity and eligibility to work in the United States within the first three days of employment, the law requires that employment may be suspended until such documentation can be produced.
5. I understand that if employed, my employment will be at will, and that I will not have a contract for employment nor a guarantee of employment.

Applicant's Signature _____ Date _____

Application is active for 90 days.