



OTZ TELEPHONE COOPERATIVE, INC.

PO BOX 324
 KOTZEBUE, AK 99752
 (907) 442-3114
 FAX (907) 442-2123
 1-800-478-3111

APPLICATION OF EMPLOYMENT

OTZ is an equal opportunity employer. Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Positions Applied For:	1. _____	2. _____
Wage or salary desired? \$ _____	When can you start? _____	

Name: _____ SSN: _____ - _____ - _____

Address: PO Box _____ Physical Address: _____

City/State: _____ Zip Code: _____

Telephone No.: _____ - _____ - _____ ADL: _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No INS # _____

How did you learn of this opening? KOTZ Radio Arctic Sounder Friend/Relative OTZ Employee Other specify _____

Have you worked at OTZ before? Yes No

Have you been told or shown a copy of the job description that lists the essential functions of the position applying for? Yes No

Can you perform the essential functions with or without reasonable accommodations? Yes No

Are there any hours, or days you cannot or will not work? _____

Part-Time: _____ Full-Time: _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No
 (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe: _____

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Training/Education:				

Work History **May we contact your present and/or past employer?** Yes No

<i>Most Recent Employer:</i>		<i>Address:</i>	<i>Telephone No.:</i>
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Ending Salary: \$	Per	Ending Position:
Name and Title of Supervisor:			
Description of Duties:			Reason for Leaving:
<i>Most Recent Employer:</i>		<i>Address:</i>	<i>Telephone No.:</i>
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Ending Salary: \$	Per	Ending Position:
Name and Title of Supervisor:			
Description of Duties:			Reason for Leaving:
<i>Most Recent Employer:</i>		<i>Address:</i>	<i>Telephone No.:</i>
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Ending Salary: \$	Per	Ending Position:
Name and Title of Supervisor:			
Description of Duties:			Reason for Leaving:

In addition to your work history, what other experiences and/or skills would qualify you for this position at OTZ?

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would contradict the facts disclosed on this application.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this Cooperative shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with this Cooperative, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by me or the Cooperative.

Applicant's Signature: _____

Date: _____