

EDUCATION INFORMATION

*High School/GED	City	State	Graduate? ○ Yes ○ No	Subjects Studied		
College	City	State	Degree	Major	GPA	Graduate? ○ Yes ○ No
College	City	State	Degree	Major	GPA	Graduate? ○ Yes ○ No
Technical School	City	State	Degree	Major	GPA	Graduate? ○ Yes ○ No
Other/Certifications	Expiration Date	Details				
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GENERAL

*Summarize special skills and qualifications which qualify you for work with our Company.

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

Name the computer software programs in which you are proficient.

*Do you speak, write or understand any additional languages? If yes, list which language(s) and how fluent you consider yourself to be.

○ Yes ○ No

*Reference Name	Occupation	Years Known	Relation	Telephone #
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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.
- In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.
- I understand that in accepting this application, Atlantic Telephone Membership Corporation and Atlantic Seawinds Communication, LLC (the Companies) are 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 Companies. 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 the Companies are drug-free workplaces 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 understand that any offer of employment is conditioned on the completion of a post-offer, pre-employment background investigation using any and all methods necessary to successfully complete such investigation. I hereby release the Companies from all liability for any damages that may result from the investigation.
- I give the Companies the right to investigate all references and to secure additional job-related information about me. I hereby release from liability the Companies and their representatives for seeking such information and all former employers and their representatives for furnishing such information.

*Signature	*Date
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