APPLICATION FOR EMPLOYMENT

Atlantic Telephone Membership Corporation and Atlantic Seawinds Communications, LLC

P.O. Box 3198 Shallotte, NC 28459

An Equal Opportunity Employer

Atlantic Telephone Membership Corporation and Atlantic Seawinds Communications, LLC (the Companies) are equal opportunity employers. The Companies do not discriminate in employment because of race, color, religion, national origin, citizenship status, ancestry, age, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

To be considered for available positions, you will need to complete each section of this application as well as provide your cover letter, resume and wage/salary history. Please follow these instructions carefully so that the Companies can process your application properly.

Please download this application before filling it in. An asterisk (*) indicates a required field.

PERSONAL INFORMA	ITION											
*Name (Last, First, Middle)												
*Desired Position De			esired Salary			*Are you willing to work: Full Time Part Time Temporary Weekends Evenings Nights						_
*Street Address				*City		<u> </u>			ate			
*Email Address				*Cell Phone			Alternate Phone			*Date available to begin work		
*Are you legally authorized	to work in the	United State	s?	*Ha	ve you ever		r ATMC or it	s sub	sidiaries	s? If "y	es", when?	
 Yes ○ No *Do you have relatives (blood or marriage) who work here or on the 					○ Yes ○ No Board of Directors? *Have you ever been terminated from employment							
○ Yes ○ No Who? Relation				onship?			or asked to resign by an employer? • Yes • No					
*Are you at least 18 years o	fage? ○Ye	es O No	*Ho	ow did yo	u hear about	t this posit	ion?					
*Have you been convicted o	o not inc	lude sealed	e sealed and expunged convictions. *Are you willing to relocation are out of the area? • Ye					-				
EMPLOYMENT HISTOR	•	v last three	emplove	ers. start	ing with the	e most re	cent one f	irst)	1			
*Present or Last Position		,	<u> </u>		*From (Mo/Yr			r) *To (Mo/Yr)				
*Street Address					*City				*State		*Zip	
oti eet /taaress					0.00				Juic			
*Duties and Responsibilities						*Reason for leaving, or why are you considering leaving?						
*Starting Wage/Salary *Final Wage/Salary			*Have you received a Bonus?			*Commissions?				*May we contact your supervisor? ○ Yes ○ No		
*Name of Immediate Super	*Title of	Immedia	r	*Phone Number of Supervisor								
Previous Position Comp			any				From (Mo/Yr)			To (Mo/Yr)		
Street Address			City						State		Zip	
Duties and Responsibilities						Reason for Leaving						
Starting Wage/Salary Final Wage/Salary			Did you receive a Bonus?			Commissions?			May we contact your supervisor? ○ Yes ○ No			
Name of Immediate Supervisor				Immedia	te Superviso	r Phone			ne Num	Number of Supervisor		
Previous Position Company							From (Mo/Yr)			To (Mo/Yr)		
Street Address			City						State		Zip	
Duties and Responsibilities					•	Reason f	or Leaving	•			•	
Starting Wage/Salary	Final Wage/S	Did you	Did you receive a Bonus?			Commissions?			May we contact your supervisor? ○ Yes ○ No			
Name of Immediate Supervisor			Title of Immediate Supervisor			Phone Nu				umber of Supervisor		

EDUCATION INFORMATION *High School/GED City State Graduate? **Subjects Studied** ○ Yes ○ No College GPA City State Degree Major Graduate? ○ Yes ○ No City **GPA** Graduate? College State Degree Major ○ Yes ○ No **Technical School** City State Degree Major **GPA** Graduate? ○ Yes ○ No Other/Certifications **Expiration Date Details** Other/Certifications **Details Expiration Date 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 languages(s) and how fluent you consider yourself to be. ○ Yes ○ No Reference Name Occupation **Years Known** Relation Telephone # *Reference Name Occupation Years Known Relation Telephone # 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