

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.

An asterisk (*) indicates a required field.

PERSONAL INFORMATION

*Name (Last, First, Middle)						
*Desired Position		Desired Salary		*Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
*Street Address			*City	*State	*Zip	
*Email Address		*Cell Phone		Alternate Phone		*Date available to begin work
*Are you legally authorized to work in the United States? <input type="radio"/> Yes <input type="radio"/> No			*Have you ever worked for ATMC or its subsidiaries? If "yes", when? <input type="radio"/> Yes <input type="radio"/> No			
*Do you have relatives (blood or marriage) who work here or on the Board of Directors? <input type="radio"/> Yes <input type="radio"/> No Who?			Relationship?		*Have you ever been terminated from employment or asked to resign by an employer? <input type="radio"/> Yes <input type="radio"/> No	
*Are you at least 18 years of age? <input type="radio"/> Yes <input type="radio"/> No			*How did you hear about this position?			
*Have you been convicted of any crimes in the last ten years? Do not include sealed and expunged convictions. <input type="radio"/> Yes <input type="radio"/> No If "yes", explain					*Are you willing to relocate if you are out of the area? <input type="radio"/> Yes <input type="radio"/> No	

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

*Present or Last Position		*Company		*From (Mo/Yr)		*To (Mo/Yr)	
*Street Address				*City		*State	
*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? <input type="radio"/> Yes <input type="radio"/> No	
*Name of Immediate Supervisor			*Title of Immediate Supervisor			*Phone Number of Supervisor	
Previous Position		Company		From (Mo/Yr)		To (Mo/Yr)	
Street Address				City		State	
Duties and Responsibilities				Reason for Leaving			
Starting Wage/Salary		Final Wage/Salary		Did you receive a Bonus?		Commissions?	
						May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No	
Name of Immediate Supervisor			Title of Immediate Supervisor			Phone Number of Supervisor	
Previous Position		Company		From (Mo/Yr)		To (Mo/Yr)	
Street Address				City		State	
Duties and Responsibilities				Reason for Leaving			
Starting Wage/Salary		Final Wage/Salary		Did you receive a Bonus?		Commissions?	
						May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No	
Name of Immediate Supervisor			Title of Immediate Supervisor			Phone Number of Supervisor	

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				
Other/Certifications	Expiration Date	Details				

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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