



225 W. North Street • P.O. Box 98 • Albion, Idaho 83311
Telephone: (208) 673-5335 • Fax: (208) 673-6200

Position Applying For:	Date:
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PLEASE PRINT OR TYPE

Name (First, Middle, Last):
Street Address:
Mailing Address:
Phone Number(s):
Email Address:

- Have you ever filed an application with us before? No Yes
- Have you ever been employed with us before? No Yes
- Would you be able to perform the duties of this position with reasonable accommodations? No Yes
- Are you currently employed? No Yes
- May we contact your present employer? No Yes
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. No Yes
- Can you travel if a job requires it? No Yes
- Have you been convicted of a felony within the last ten years?
Conviction will not necessarily disqualify an applicant from employment. No Yes

If Yes, please explain: _____

ATC Communications is an equal opportunity employer. Applicants will be considered without regard to race, color, religion, sex (including pregnancy) national origin, age, disability or genetic information.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Please provide accurate and complete employment record, including both full time and part time.
Begin with present or most recent employer.

Employer	Phone
Address	Dates Employed From To
Name of Supervisor	Hourly Pay Begin End
Job Title and Description of Work Performed	
Reason for Leaving	

Employer	Phone
Address	Dates Employed From To
Name of Supervisor	Hourly Pay Begin End
Job Title and Description of Work Performed	
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EDUCATION

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Years Completed			
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, and skills.

List professional, trade, business, civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected status:

Share any additional information you feel might be helpful to us in considering your application.

REFERENCES

Give name, address and telephone number of three **employment** references who are not related to you (do not list ATC employees). Include the company name.

If you need additional space, please continue on a separate sheet of paper.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if I am employed by ATC Communications, false or misleading statements on this application will be considered to be good cause for dismissal from employment.

I understand that if I am selected for employment, the job offer is conditional only, pending the results of a drug screen. I may be required to take a physical examination prior to the commencement of employment, which medical examination shall be by a doctor selected by ATC and at ATC's expense. The doctor will give a medical opinion regarding my ability to perform the job for which I am being considered.

I understand and agree that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. I understand that any oral or written statement to the contrary is hereby disavowed and should not be relied upon by any prospective or existing employee. I understand that company policies and work rules are subject to change at any time.

Signature

Date