



# Webster-Calhoun

Cooperative Telephone Association

1106 Beek Street, PO Box 475  
Gowrie, IA 50543-0475

www.wccta.net  
Phone: 515-352-3151

## APPLICATION FOR EMPLOYMENT

Webster-Calhoun Cooperative Telephone Association considers applicants for all positions without regard to race, color, religion, creed, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, genetic information or any other legally protected status.  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

PLEASE PRINT

Position(s) Applied For	Date of Application
How Did You Learn About Webster-Calhoun Cooperative Telephone Association?	
<input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Initial
Address		
Home Telephone Number(s)	Work Telephone Number(s)	Cell Phone Number(s)
May we contact you there? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Best time to contact you: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Do any of your friends or relatives, other than spouse, work here? If yes, state name, relationship and location \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work:  Full Time  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_/ - \_\_\_\_/\_\_\_\_)

Can you travel if a job requires it?  Yes  No

**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job; include any job-related military service assignments and volunteer activities. *You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.*

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment.**


Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


List professional, trade, business or civic activities and offices held. *You may exclude organizations which indicate race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.*


Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**SPECIALIZED SKILLS - Computers/Technology**

Operating Systems:	Computer Software:	Telecommunications Equipment	Other (list)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State any additional information you feel may be helpful to us in considering your application


**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name	Phone Number	Occupation
1.		
2.		
3.		

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?     Yes     No

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**In Case Of Emergency, Notify:**

Name:

Address:

Telephone Number:

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Webster-Calhoun Cooperative Telephone Association is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Webster-Calhoun Cooperative Telephone Association.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date