

Work History **May we contact your present and/or past employer?** **Yes** **No**

<i>Most Recent Employer:</i>		<i>Address:</i>	<i>Telephone No.:</i>
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Ending Salary: \$	Per	Ending Position:
Name and Title of Supervisor:			
Description of Duties:			Reason for Leaving:
<i>Most Recent Employer:</i>		<i>Address:</i>	<i>Telephone No.:</i>
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Ending Salary: \$	Per	Ending Position:
Name and Title of Supervisor:			
Description of Duties:			Reason for Leaving:
<i>Most Recent Employer:</i>		<i>Address:</i>	<i>Telephone No.:</i>
Date Started:	Starting Salary: \$	Per	Starting Position:
Date Left:	Ending Salary: \$	Per	Ending Position:
Name and Title of Supervisor:			
Description of Duties:			Reason for Leaving:

In addition to your work history, what other experiences and/or skills would qualify you for this position at OTZ?

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would contradict the facts disclosed on this application.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this Cooperative shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with this Cooperative, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by me or the Cooperative.

Applicant's Signature: _____ **Date:** _____

For more information, please contact Human Resources or write to OTZ Telephone Cooperative, Inc.; PO Box 324; Kotzebue, AK 99752.