SOUTH PLAINS TELEPHONE COOPERATIVE, INC dba HORIZONS COMMUNICATIONS

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION			
Date	Phone No.		
Full Name			
. First	Middle	Last	
Address			
Referred By		Are you 18 years	of age or older? Yes No
EMPLOYMENT DESIRED			
ENIL LOTIVIENT DESIRED			
Position		Potential Start Date	Salary Desired

EDUCATION

	Name and Location of School	Last Year Completed	Did You Graduate?	Subjects Studied and/or Degree Received
High School		1 2 3 4	Yes No	
College / University		1 2 3 4	Yes No	
Trade or Business School		1 2 3 4	Yes No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills

Please feel free to include any other information that you feel may help you stand out when applying for this position with Horizons Communications. You may also attach your resume when turning in your completed application.

FORMER EMPLOYERS

Please list below your last 4 employers, starting with the most recent.

Date Month and Year	Name and Address of Employer	Salary (Upon Leaving)	Position/Title	Reason for Leaving
From				
То				
From To				
From To				
From To				

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Address	Position/Title	Phone Number	Years Acquainted
	Address	Address Position/Title	Address Position/Title Phone Number Image: Constraint of the second sec

AUTHORIZATION

I authorize investigation on all statements contained in this application. I authorize contacting any of my previous employers and I will release and hold them harmless of the release of any information regarding my previous employment. I understand that misrepresentation of information requested is cause for dismissal.

I understand that no employee of the Cooperative, except the General Manager, has the authority to enter into any agreement for employment for a specified period of time. Further, I understand and agree that my employment is at will and is for no definite period and may be terminated at any time with or without cause and with or without previous notice.

If filling out application electronically, by typing your name in the signature box below and submitting this application to Horizons Communications, this will constitute a legal and binding signature just as it would in your handwriting.

Signature

Date

OFFICE USE ONLY – DO NOT WRITE BELOW LINE

Interviewed By			Date	
Remarks				
I-9 Completed? Yes No				
Hired For Dept		Will Report		Wage
Approved 1 . Employment Manager	2 Dept. Head		General Manager	