



MTE
communications

2205 Keithly Creek Rd.
P. O. Box 7
Midvale, ID 83645
Ph: 208.355.2211 Ext 7163

APPLICATION FOR EMPLOYMENT

Position applied for:

Date of Application:

How did you learn about us?

Advertisement Friend Walk-in Employment Agency Relative Other

Last Name:

First Name:

Middle Initial (optional):

Mailing Address:

City:

State:

Zip code:

Telephone Number:

Email Address:

Have you ever filed an application with us before? Yes No If yes, give dates

Have you ever been employed with us before? Yes No If yes, give dates

Are you currently employed? Yes No

May we contact your current employer? Yes No

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

Yes No

What date would you be available to work?

How much are you available to work? Full-time Part-time Temporary

Are you currently on "lay-off" status? Yes No

Can you travel for work? Yes No

Do you have a valid drivers license? Yes No

MTE is an Equal Opportunity Provider and Employer

MTE COMMUNICATIONS EDUCATION

(Do not include year of completion)

Elementary School

High School

Undergraduate
College/University

Graduate/
Professional

**School Name
and Location**

Diploma/Degree

**Describe Course
of Study**

Describe any specialized training, apprenticeship, skills & extra-curricular activities:

Describe any honors you have received:

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

MTE COMMUNICATIONS

Indicate any foreign language you can speak, read and/or write

Fluent

Good

Fair

Speak

Read

Write

List professional, trade, business or civic activities and offices held. Please exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Please share the names, mailing address and telephone number of three professional references who are not related to you:

1 _____

2 _____

3 _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

MTE COMMUNICATIONS

Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. Please exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:

Mailing Address:

City:

State:

Zip code:

Phone Number:

Job Title:

Work Performed:

Reason for Leaving:

Direct Supervisor:

Dates of Employment: Start date:

End date:

Employer:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Job Title:

Work Performed:

Reason for Leaving:

Direct Supervisor:

Dates of Employment: Start date:

End date:

If additional space is needed, please continue on a separate sheet of paper
or feel free to make a copy of this document.

MTE COMMUNICATIONS

Special Skills and Qualifications

Please summarize special job-related skills and qualification from employment or other work-related experiences.



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge, 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 365 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 acknowledge that any employment relationship with MTE Communications is of an 'At Will' nature, which means that the employee may resign at any time and MTE may discharge the employee at any time with or without cause. It is further understood that this 'At Will' 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 the company.

In the event of employment, I understand that false or misleading statements given in any employment application, interview or resume may result in discharge. I understand that I am required to abide by all State, federal and company policies

Signature of applicant: _____ Date: _____

RESERVED FOR PERSONNEL DEPARTMENT USE ONLY

Arrange for Interview: Yes No

Interviewer(s):

Remarks:

Employed: Yes No

Hire Date:

Job Title:

Hourly/Salary:

Completed by title:

Date: