



2205 Keithley Creek Rd.
 P.O. Box 7
 Midvale, ID 83645
 PH: 208.355.2211 Ext. 7163
 Fax: 208.355.2110

APPLICATION FOR EMPLOYMENT - PLEASE PRINT			
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 (voluntary)
Mailing Address:	City:	State:	Zip Code:
Telephone Number:		E-Mail Address:	
Have you ever filed an application with us before? Yes ___ No ___ If yes, give date _____			
Have you ever been employed with us before? Yes ___ No ___ If yes, give date _____			
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? Yes ___ No ___ <i>Proof of citizenship or Immigration status will be required upon employment.</i>			
What date would you be available to work? _____			
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 languages* 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 last 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: _____

Rev. 10/11/2017

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Dates of Employment: Start Date: _____ End Date: _____

Rev. 10/11/2017

If you need additional space, please continue on a separate sheet of paper feel free to make a copy of this document

MTE COMMUNICATIONS
Special Skills and Qualifications

Please summarize special job-related skills and qualifications acquired from employment or other work-related experiences:



P.O. Box 7, 2205 Keithley Creek Rd.
Midvale, ID 83645
(208) 355-2211 (800) 462-4523

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 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 ___ Date: _____

Interviewer(s): _____

Remarks: _____

Employed: Yes ___ No ___ Hire Date: _____

Job Title: _____ Hourly/Salary: _____

Completed By: _____ Title: _____

Date: _____