



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

## Application for employment — Please Print

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**Position applied for:**

**Date of application:**

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**How did you learn about us?**

Advertisement \_\_\_ Friend \_\_\_ Walk-in \_\_\_ Employment Agency \_\_\_ Relative \_\_\_ Other \_\_\_

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**Last name:**

**First Name:**

**Middle Initial (optional):**

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**Mailing address:**

City

State:

Zipcode:

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**Telephone Number:**

**Email Address:**

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**Have you ever filed an application with us before?** Yes \_\_\_ No \_\_\_ If yes, give date:

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**Have you ever been employed with us before?** Yes \_\_\_ No \_\_\_ If yes, give date:

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**Are you currently employed?** Yes \_\_\_ No \_\_\_

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**May we contact your current employer?**

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**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 \_\_\_

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**What date would you be available to work?**

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**How much are you available to work?:** Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_

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

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**Can you travel for work?** Yes \_\_\_ No \_\_\_

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**Do you have a valid drivers license?** Yes \_\_\_ No \_\_\_

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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

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**School Name  
and Location**

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**Diploma/Degree**

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**Describe course  
of study**

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**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
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

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:

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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.

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**Employer:**

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**Mailing address:**

City

State:

Zipcode:

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**Phone Number:**

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**Job Title:**

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**Work Performed:**

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**Reason for leaving:**

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**Direct Supervisor**

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**Dates of Employment:** Start date :

End date:

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# MTE Communications

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End date:

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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 qualifications acquired from employment or other work-related experiences.**

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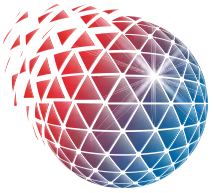
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communications

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Fax: 208.355.2110

## 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: \_\_\_\_\_