

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested by **Brazos Telephone Cooperative, Inc.** and/or its agents. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc., from federal, state and other agencies which maintain such records, as well as information concerning previous driving record request made by others for such state agencies and state-provided driving records.

I authorize without reservation, any party or agency contacted by **Brazos Telephone Cooperative, Inc.** and/or its agents, to furnish the above mentioned information.

I have the right to make a request to **Brazos Telephone Cooperative, Inc.** and/or its agent, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agents have previously furnished within the two (2) years preceding my request. I hereby consent **Brazos Telephone Cooperative, Inc.** and/or its agents to obtain the above information and I agree that such information which **Brazos Telephone Cooperative, Inc.** and/or its agents has or obtains, and my employment history with **Brazos Telephone Cooperative, Inc.** if I am hired, will be supplied by **Brazos Telephone Cooperative, Inc.** and/or its agents to other companies which subscribe to its agents.

I hereby authorize procurements of consumer reports(s). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

I understand that I may request a copy of this Disclosure and Release form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address, City, State and Zip Code

## APPLICANT INSTRUCTIONS

Thank you for your interest in employment with our Cooperative. We appreciate your application, and look forward to the possibility of your joining our team. This sheet is for your information. Please read it carefully.

If you need any assistance or accommodation to facilitate the filling out of this form or during any of the application process, please notify the person who gave you this form and every effort will be made to provide you with the help you need.

Please print all information so it can be easily read. Be certain that all questions are **completely** answered. Incomplete information forms will not be considered. Use the abbreviation "N/A" if a particular provision or section in for form is not applicable to you. If you need additional space, you may use the back of the form.

This application form is intended for use in evaluating your qualifications for employment. This is not a contract for employment. False or misleading information given in this form or during the interviewing process are grounds for terminating the application process or, if discovered after employment, for terminating employment.

Employment decisions are made solely on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any other applicable sources. As an Equal Opportunity Employer, we make decisions to hire and promote without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to ability to do the job), or age (as defined by law).

You should understand that the position for which you are applying is considered at-will, which means that either you or the Cooperative can terminate employment for any reason or no reason at any time. No one except the Cooperative president has the authority to amend this agreement.

We appreciate your interest.

I have read and understood the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

(Please Print)

Position Desired \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about us?

Advertisement     Friend     Walk-In     Relative     Other \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you 18 years or older?  Yes  No

If you are under 18 years of age, can you provide proof of your eligibility to work?  
 Yes  No

Have you ever filed an application with us before?  Yes  No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  
 Yes  No

If yes, please describe \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status?  
 Yes  No

Proof of United States citizenship or immigration status will be required upon employment

On what date would you be available for work? \_\_\_\_\_

Availability:  Full Time     Part Time     Shift Work     Temporary

Can you travel if the job requires it?  Yes  No

Have you ever been convicted of a felony?  Yes  No

City/State \_\_\_\_\_ Charge \_\_\_\_\_

Please explain \_\_\_\_\_

\*Conviction of a felony will not necessarily ban you from employment.

**EDUCATION**

Circle the highest grade completed in school:

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16

Name and address of last school attended: \_\_\_\_\_  
\_\_\_\_\_

Vocational or Business schools attended: \_\_\_\_\_  
\_\_\_\_\_

List names of relatives or friends now employed by **Brazos Telephone Cooperative, Inc.**

\_\_\_\_\_  
\_\_\_\_\_

Person to contact in the event of an emergency:

This information is to aid contact in case of an emergency and will not be used in the selection process.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Their place of employment

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to you

**BRAZOS TELEPHONE COOPERATIVE, INC., IS AN EQUAL OPORTUNITY EMPLOYER**

**EMPLOYMENT RECORDS**

Begin with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, handicap or other protected status.

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**CURRENT OR MOST RECENT EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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**NEXT PREVIOUS EMPLOYER:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Positions/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

DATES EMPLOYED	
From	To
HOURLY RATE/SALARY	
Beginning	Ending

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Use this space to list other information about your personal skills or qualities, work style, interpersonal ability or communication skills which would further qualify you for this job.

\_\_\_\_\_

\_\_\_\_\_

Complete the following information only if applying for a position that requires use of a vehicle while conducting Cooperative business. If hired, your information may be verified with a Motor Vehicle Report.

How many traffic violations have you had during the last two years? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State \_\_\_\_\_

**REFERENCES**

Name only those persons who are familiar with your work capabilities. Do not list relatives.

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Years Known: \_\_\_\_\_

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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 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are accepted at that time.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a Cooperative-authorized physician and that I may be required to successfully complete a pre-employment drug screening after a job offer of employment has been made.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_