



Human Resources Department  
 150 2nd Street SW  
 Perham, MN 56573  
 Phone: (218) 346-8490  
 Fax: (218) 346-8840

# APPLICATION FOR EMPLOYMENT

[www.timecommunications.biz](http://www.timecommunications.biz)

Our policy is to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, disability, marital status, sexual orientation, membership or activity in a local commission or any other category or class protected under federal, state or local law.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

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

Telephone Number \_\_\_\_\_ Have you ever applied with Time in the past?  Yes  No  
 If yes when? \_\_\_\_\_

Cellphone Number (optional) \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.?  Yes  No Are you 18 years old or older?  Yes  No

Position applied for: \_\_\_\_\_ Wage or salary desired: \_\_\_\_\_

Availability: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal (explain): \_\_\_\_\_

**HR USE ONLY**  
 AC5 \_\_\_\_\_ AC6 \_\_\_\_\_ AC7 \_\_\_\_\_ AC8 \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Education	Name & Location of School	Major	Diploma/Degree or Total Credits	Did You Graduate?
High School				
Trade or Technical School				
College/University Undergraduate				
Graduate				

Other Training, Education, Job Related Knowledge, Skills, or Certifications: \_\_\_\_\_

**Work History:** Include Military Service - (start with most recent employer first).

<b>1)</b>	Employer _____		Address _____		Phone _____	
	Start Date _____	Starting Salary _____ \$ _____ per _____		Starting Position _____		
	End Date _____	Ending Salary _____ \$ _____ per _____		Position on Leaving _____		
	Description of Duties _____				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name and Title of Supervisor _____			Reason for Leaving _____		

Work History (continued)

2) Employer Address Phone

Start Date Starting Salary Starting Position  
\$ per

End Date Ending Salary Position on Leaving  
\$ per

Description of Duties May we contact?  Yes  No

Name and Title of Supervisor Reason for Leaving

3) Employer Address Phone

Start Date Starting Salary Starting Position  
\$ per

End Date Ending Salary Position on Leaving  
\$ per

Description of Duties May we contact?  Yes  No

Name and Title of Supervisor Reason for Leaving

4) Employer Address Phone

Start Date Starting Salary Starting Position  
\$ per

End Date Ending Salary Position on Leaving  
\$ per

Description of Duties May we contact?  Yes  No

Name and Title of Supervisor Reason for Leaving

5) Employer Address Phone

Start Date Starting Salary Starting Position  
\$ per

End Date Ending Salary Position on Leaving  
\$ per

Description of Duties May we contact?  Yes  No

Name and Title of Supervisor Reason for Leaving

Time Communications schedules staff according to their individual availability listed on this form in accordance with call volume projections. Future change of availability on your part is achievable through working with the Scheduling Manager. Your schedule will be available to you two weeks in advance, as there will be slight variances in schedules from week to week, all within your availability window.

If you desire:  
 40 hours scheduled with \*OPEN\* availability = \$0.50 extra per hour  
 \*No restrictions on any day/time scheduled each week  
 40 hours scheduled = 50 hours available  
 32 hours scheduled = 42 hours available  
 25 hours scheduled = 35 hours available

\*OPEN\* availability would mean that you can start work at any time and do not have a desired end time. Minimum of 12 hours between scheduled shifts always.

	Available Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**Must be available for Saturday or Sunday hours to meet 8 hour weekend requirement.**

Number of hours desired each week \_\_\_\_\_

**Do not list \*OPEN\* unless you have restrictions to your availability**

**APPLICANT'S CERTIFICATION AND AGREEMENT - *Please read each statement carefully before signing***

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drugscreen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and, by my signature, consent to these statements.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Applicant's Signature