



1001 Kentucky Street, Princeton, MO 64673
 3406 Miller Street, Bethany, MO 64424
 600 NW Church Street, Leon, IA 50144

APPLICATION FOR EMPLOYMENT

Please complete the entire application and attach contact information for at least 3 non-family references.

A resume or other additional information may also be attached.

GRM Networks is an equal employment opportunity employer. Discrimination on the basis of race, national origin, color, religion, age or sex is prohibited. If you believe you have been a victim of prohibited discrimination, you may notify the federal Equal Employment Opportunity Commission, the Federal Communications Commission or other appropriate local, state or federal agency.

PERSONAL DATA

Last Name:	First Name:	MI:	Telephone:
Street Address:	City:	State:	Zip:

Position Applied For:	How did you learn of this opening?
When can you start?	Desired Wage:

Are you authorized to work in the United States? Yes No *(Proof of current authorization will be required upon employment.)*

Are you looking for full-time employment? Yes No *If No, what hours are you available? _____*

Are you 18 years of age or older? Yes No

Have you ever been employed by or filed an application with GRM Networks or any of its subsidiaries?

Yes No *If Yes, please give date and location. _____*

Are you related to anyone working at GRM Networks or any of its subsidiaries, or a member of the Board of Directors?

Yes No *If Yes, please give name and relationship. _____*

May we conduct a detailed reference check? Yes No *If Yes, please indicate any employers you do not want us to contact and the reason. _____*

Have you been convicted of, or plead guilty or no contest to, a crime? Yes No *If yes, please indicate the date, type of offense, and the outcome. A conviction will not automatically disqualify you from employment.*

EDUCATION

Last high school attended:	Location:	Diploma or equivalent received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Beginning with the most recent, list all colleges, vocational, trade and military service schools attended.			
1	School Name:	Location:	Number of Years Attended:
	Degree/Major/Course of Study:		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	School Name:	Location:	Number of Years Attended:
	Degree/Major/Course of Study:		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	School Name:	Location:	Number of Years Attended:
	Degree/Major/Course of Study:		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (most recent first)

Company Name:	Telephone:		
Address:	City:	State:	Zip:
Name of Supervisor:	Dates Employed – (Month and Year) From: _____ To: _____		
Job Title and Duties:	Salary Start: _____ Last: _____		
	Reason for leaving:		

Company Name:	Telephone:		
Address:	City:	State:	Zip:
Name of Supervisor:	Dates Employed – (Month and Year) From: _____ To: _____		
Job Title and Duties:	Salary Start: _____ Last: _____		
	Reason for leaving:		

Company Name:	Telephone:		
Address:	City:	State:	Zip:
Name of Supervisor:	Dates Employed – (Month and Year) From: _____ To: _____		
Job Title and Duties:	Salary Start: _____ Last: _____		
	Reason for leaving:		

List any other experience, skills, or qualifications that apply to this position, such as community or civic activities, leadership positions, machines and equipment you can operate, typing skills, software proficiencies, etc. You may attach a separate sheet if necessary. _____

Please read and understand before signing your application:

I certify the information given by me in this application and in any interviews is true and complete in all respects, and understand any falsification or omission shall be sufficient cause for dismissal from or refusal of employment. I authorize Grand River Mutual Telephone Corporation dba GRM Networks (the Company) to investigate my work experience, business activities, education, criminal background, driving record, credit history, general reputation, character, qualifications, and/or suitability for employment. I hereby release from all liability and responsibility the Company and all persons, institutions, employers, organizations, and/or agencies providing information pursuant to this authorization and investigation. If employed I agree to conform to the policies, rules, and regulations of the Company. I understand any offer of employment may be conditioned on the completion of a post-offer, pre-employment drug screen. If a drug screen is required, I consent to the release of my drug test results to the Company.

I understand if I am employed, I may terminate my employment at any time without notice or cause, and the Company has the same right. I understand employment with the Company is not for a definite period and is terminable at-will. Nothing contained in this application creates a contract between the Company and myself for employment or any other benefit. No one other than the General Manager or President of the Board of Directors has authority to make assurances to the contrary, and then such assurances must be in writing and signed by the authorized person.

The company does not typically refer to applications previously submitted. You must re-apply each time there is an opening if you wish to be considered.

Signature: _____

Date: _____