



**XIT Rural Telephone  
Cooperative, Inc.**

P.O. Box 711  
Dalhart, Texas 79022  
(806)384-3311

**APPLICATION  
FOR  
EMPLOYMENT**

**PERSONAL INFORMATION**

DATE SOCIAL SECURITY NUMBER

NAME LAST FIRST MIDDLE

PRESENT ADDRESS STREET CITY STATE, ZIP

PHONE NO. DRIVER LICENSE NUMBER TYPE STATE

Are you legally able to be employed in this country?  Yes  No  
Have you ever been convicted of a felony by any court? \*  Yes  No  
If Yes, please explain: \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION / OFFICE LOCATION

DATE AVAILABLE FOR EMPLOYMENT: DESIRED SALARY

ARE YOU CURRENTLY EMPLOYED?  Yes  No IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?  Yes  No

| EDUCATION                                | NAME & LOCATION OF SCHOOL | LEVEL ATTAINED | SUBJECTS STUDIED |
|--|---------------------------|----------------|------------------|
| GRAMMER SCHOOL                           |                           |                |                  |
| HIGH SCHOOL                              |                           |                |                  |
| COLLEGE                                  |                           |                |                  |
| COLLEGE                                  |                           |                |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                           |                |                  |

PLEASE COMPLETE ALL THREE PAGES OF APPLICATION

\*A conviction does not constitute an automatic bar to employment.

**Complete ALL portions of this application regardless of resume submission**

**REFERENCES:**

Give the names of three persons **NOT** related to you whom you have known at least one year and who are **NOT** previous supervisors.

|                     | Ref. # 1 | Ref. # 2 | Ref # 3 |
|---------------------|----------|----------|---------|
| NAME AND OCCUPATION |          |          |         |
| ADDRESS             |          |          |         |
| CITY, STATE ZIP     |          |          |         |
| PHONE               |          |          |         |

**CURRENT AND/OR FORMER EMPLOYERS**

List below your Last Four Employers, **Starting with Current or Most Recent**

**A minimum of the last eight (8) years of employment history should be provided – please attach an additional page if this exceeds the last four (4) employers**

| Name & Address<br>Of Company | From                  |     | To  |     | Monthly<br>Starting<br>Salary | Monthly<br>Ending<br>Salary | Reason for<br>Leaving | Name/Title of Supervisor |
|------------------------------|-----------------------|-----|-----|-----|-------------------------------|-----------------------------|-----------------------|--------------------------|
|                              | Mo.                   | Yr. | Mo. | Yr. |                               |                             |                       |                          |
|                              |                       |     |     |     |                               |                             |                       |                          |
|                              | Your Title:           |     |     |     |                               |                             |                       |                          |
|                              | Describe your duties: |     |     |     |                               |                             |                       |                          |
| Telephone:                   |                       |     |     |     |                               |                             |                       |                          |

| Name & Address<br>Of Company | From                  |     | To  |     | Monthly<br>Starting<br>Salary | Monthly<br>Ending<br>Salary | Reason for<br>Leaving | Name/Title of Supervisor |
|------------------------------|-----------------------|-----|-----|-----|-------------------------------|-----------------------------|-----------------------|--------------------------|
|                              | Mo.                   | Yr. | Mo. | Yr. |                               |                             |                       |                          |
|                              |                       |     |     |     |                               |                             |                       |                          |
|                              | Your Title:           |     |     |     |                               |                             |                       |                          |
|                              | Describe your duties: |     |     |     |                               |                             |                       |                          |
| Telephone:                   |                       |     |     |     |                               |                             |                       |                          |

| Name & Address<br>Of Company | From                  |     | To  |     | Monthly<br>Starting<br>Salary | Monthly<br>Ending<br>Salary | Reason for<br>Leaving | Name/Title of Supervisor |
|------------------------------|-----------------------|-----|-----|-----|-------------------------------|-----------------------------|-----------------------|--------------------------|
|                              | Mo.                   | Yr. | Mo. | Yr. |                               |                             |                       |                          |
|                              |                       |     |     |     |                               |                             |                       |                          |
|                              | Your Title:           |     |     |     |                               |                             |                       |                          |
|                              | Describe your duties: |     |     |     |                               |                             |                       |                          |
| Telephone:                   |                       |     |     |     |                               |                             |                       |                          |

| Name & Address<br>Of Company | From                  |     | To  |     | Monthly<br>Starting<br>Salary | Monthly<br>Ending<br>Salary | Reason for<br>Leaving | Name/Title of Supervisor |
|------------------------------|-----------------------|-----|-----|-----|-------------------------------|-----------------------------|-----------------------|--------------------------|
|                              | Mo.                   | Yr. | Mo. | Yr. |                               |                             |                       |                          |
|                              |                       |     |     |     |                               |                             |                       |                          |
|                              | Your Title:           |     |     |     |                               |                             |                       |                          |
|                              | Describe your duties: |     |     |     |                               |                             |                       |                          |
| Telephone:                   |                       |     |     |     |                               |                             |                       |                          |

YOU MAY ATTACH A RESUME OR A STATEMENT WITH ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

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I understand and agree that I may be required to take a drug test and physical examination as a condition of my employment. I agree to consent to take such drug test and physical exam at such time as designated by the Cooperative and to release the Cooperative, its directors, officers, agents or employees from any claim arising in connection with the use of such drug test and physical exam.

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

Date \_\_\_\_\_

It is understood and agreed that any misrepresentation will be sufficient cause for cancellation of this application and/or separation from the Cooperative's service if I have been employed. Furthermore, I understand that this employment application is not a contract with the Cooperative. I also understand that, should I become employed by the Cooperative, my employment has no specific duration; instead, employment is at-will. Either the Cooperative or I may sever the employment relationship, with or without cause or with or without notice. I understand that no representative of the Cooperative has the authority to make any assurances to the contrary.

The Cooperative is an equal opportunity employer. The Cooperative does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

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

Date \_\_\_\_\_

I give the Cooperative the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Cooperative and its representatives for seeking such information. I further release and hold harmless all other persons, corporations or organizations for furnishing information to the Cooperative regarding my job performance and compliance with the business's policies.

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

Date \_\_\_\_\_

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# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

|  |  |
|--|--|
| <b>Please:</b>                                 |  |
| <b>Check and Initial each Applicable Space</b> |  |
| CCH Report Printed:                            |  |
| YES <input type="checkbox"/>                   | NO <input type="checkbox"/> _____ initial        |
| Purpose of CCH: _____                          |  |
| Hire <input type="checkbox"/>                  | Not Hired <input type="checkbox"/> _____ initial |
| Date Printed: _____                            | _____ initial                                    |
| Destroyed Date: _____                          | _____ initial                                    |
| <b>Retain in your files</b>                    |  |