



LIGTEL JOB APPLICATION FORM

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Interested
Position:Available
Start Date:

EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the U.S.?

☐ Yes☐ No

Have you ever worked for LigTel before?

☐ Yes☐ No

If yes, explain:

Have you ever been convicted of a felony?

☐ Yes☐ No

If yes, explain.

EDUCATION & TRAINING

High School:

Graduate?

☐ Yes☐ No

If no, how many years completed?

College:

Graduate?

☐ Yes☐ No

If no, how many years completed?

Degree:

Major:

Other Education:

Graduate?

☐ Yes☐ No

If no, how many years completed?

Degree:

Major:

Professional Certifications and Licenses:

REFERENCES

Full Name:

Phone Number:

Full Name:

Phone Number:

Full Name:

Phone Number:

WORK EXPERIENCE 1

Start Date: _____

End Date: _____

Business Name: _____

Job Title: _____

Job Description: _____

Reason for Leaving: _____

WORK EXPERIENCE 2

Start Date: _____

End Date: _____

Business Name: _____

Job Title: _____

Job Description: _____

Reason for Leaving: _____

WORK EXPERIENCE 3

Start Date: _____

End Date: _____

Business Name: _____

Job Title: _____

Job Description: _____

Reason for Leaving: _____

SKILLSPlease share any skills that set you apart from other applicants.

_____**MILITARY***Optional: Military service won't affect your eligibility.*

Have you ever served in the U.S. Armed Forces?

☐ Yes☐ No

If yes, please indicate branch and dates of service: _____

DISABILITY DISCLOSURE*Optional. Helps us support any accommodation needs.*

Do you have a disability that would require accommodation during the application or interview process?

☐ Yes☐ No

If yes, please explain: _____

PRE-EMPLOYMENT STATEMENT

Please read the following statements carefully, as they represent matters of importance to both you and LigTel in connection with this application for employment.

I understand and agree that:

1. The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or omission of any relevant information in my application, resume or any other materials or during the interview process will be justification for refusal of employment, or, if employed, termination from LigTel employment.
2. LigTel may verify all the information provided by me, including but not limited to my education and employment, or may procure or have prepared an investigative consumer report for this purpose. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information as requested and hereby release them from any and all liability for damages arising from furnishing the requested information.
3. I voluntarily authorize LigTel to verify information related to my education, and employment (with the exception of current employment, until I have authorized such contact), and release from liability all persons or entities supplying or collecting such information.
4. I understand that should I be offered employment, that the offer is conditioned on my ability to comply with all United States immigration laws. I also understand that if I fail to provide documentation that establishes my identity and eligibility to work in the United States within the first three days of employment, the law requires that employment may be suspended until such documentation can be produced.
5. I understand that I am applying for a position with LigTel that is at-will. This means that if employed, my employment may be terminated at any time for any reason and that I, likewise, may terminate my employment at any time and for any reason. I further understand that this status may only be altered by the signing of a binding legal contract.

Signed By: _____

Date: _____

We appreciate your interest in joining LigTel. We'll be in contact soon.

If you have any questions, please contact us at (260) 894-7161 or email jobs@ligtel.com. You may submit your completed application by emailing jobs@ligtel.com or by dropping it off at our main office:

414 S. Cavin Street, Ligonier, IN 46767

Office hours: Monday–Friday, 9 AM – 4 PM

If submitting by email, please send as a PDF file only. Do not include links or file-sharing attachments.

Official Use Only: