

CENTRAL TEXAS TELEPHONE COOPERATIVE, INC.
CUSTOMER SERVICE REPRESENTATIVE-GOLDTHWAITE

General Summary

Basic responsibility is to keep and maintain all records and information pertinent to customer ledgers, billings, membership, service orders, directory manuscripts and accounts receivable.

Reporting Relationships

Reports to: Customer Service Supervisor

Essential Duties and Responsibilities

1. Meet and greet customers.
2. Answer incoming calls by the 3rd ring and take messages when necessary.
3. May be required to cover Main Switchboard if necessary.
4. Receive customer payments across the counter, through the mail and on the phone.
5. Open customer payments, post payments and adjustments to customer records daily.
6. Balance cash drawer and prepare daily deposits.
7. Perform all functions necessary in the preparation and maintaining of customer telephone/internet bills, including billing records, documents, and other supporting information and filing of the same in accordance with the tariff and Public Utility Commission guidelines.
8. Prepare and submit necessary monthly reports of customer accounts as prescribed.
9. Prepare and process necessary information on uncollectible accounts receivable and submit to Customer Service Supervisor.
10. Receive and process new member applications.
11. Scan all applications and pertinent paperwork to customer records.
12. Correspond with customers on the construction list, as required.
13. Set-up payment arrangements for delinquent accounts.
14. Verify amount to be collected from customer prior to installation or reinstallation of telephone/internet services.
15. Schedule Install Times for customers.
16. Prepare and review new service orders before forwarding through system.
17. Verify that all non-billables and service orders are worked within the specified time.
18. Answer customer complaints concerning bills.
19. Contact customers who have NSF checks via phone and/or letters.
20. Answer inquiries as to type and availability of services that the Cooperative offers.
21. Assist with directory publication.
22. Maintain customer service records.
23. Investigate all toll questions/concerns.
24. Actively market CTTC services and equipment to businesses and other customers.
25. Meet Established Sales Quotas.
26. Maintain neatness of reception, work and office machine areas.
27. Add/update autopayments and keep Billing advised of any necessary changes.
28. Ability to learn and become proficient with the use of West Central Wireless' billing system, and cellular products (new service, upgrades, trouble shooting, etc.)
29. Assist, as needed, with general office work.
30. Attend staff meetings and training sessions as necessary to keep current with changes in Cooperative policies and procedures within your field.
31. Complete daily timesheet.
32. Provide a written report on all outside meetings and training sessions attended.
33. Have a valid Texas Drivers License.
34. May be required to work late, on weekends, or special events as required on short notice.
35. Other duties as assigned or otherwise required by management.

CENTRAL TEXAS TELEPHONE COOPERATIVE, INC.

II. Customer Service Office

A. TITLE: CUSTOMER SERVICE REPRESENTATIVE-GOLDTHWAITE

Experience

Two years previous experience or business school. Bilingual is a plus but not required.

Job Knowledge

Ability to type, understand proper methods of letter composition and file maintenance. Must learn terminology and functions of rural telephone cooperative. Ability to sell telephone/internet services and to meet customer needs. Knowledge of principles of double entry bookkeeping, basic elements of statistical reporting, and how to operate business machines. Computer literate.

Physical Demands

Sitting at desk most of day. Standing and walking short distances in office. Handling books, papers and office equipment. Able to post data in small spaces. Must be able to type. Stooping, bending, crouching, kneeling and twisting. Reaching above and below shoulders. May carry light to medium weight loads of papers, books or office supplies weighing a maximum of 15 pounds. Vision must be correctable sufficient to read and decipher words and numbers. Hearing and speaking must be adequate to communicate effectively with customers and other employees.

Special Demands

Ability to work under conditions of frequent interruption and to pay close attention to numerous details. Capable of working with and understanding financial data. Ability to work with others, around others and alone. Individual should be responsible, tactful, and punctual and have and maintain good sense of humor. Pleasant personality and good grooming as to leave proper impression on co-workers, visitors and customers. Good telephone etiquette very important.

CENTRAL TEXAS TELEPHONE COOPERATIVE, INC.
dba Central Texas TeleCommunications
PO BOX 627
Goldthwaite, Texas 76844
(325) 648-2237 / (800) 535-8904

APPLICATION FOR EMPLOYMENT

Central Texas Telephone Cooperative is an equal opportunity employer, and does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, or any other unlawful basis.

To the extent reasonably possible, we will accommodate individuals with disabilities in the application, hiring, and employment process. If you need accommodation at any point in this application process, please let us know.

1. Date of Application: _____ 2. E-mail Address: _____
3. Name: _____
4. Address: _____ 5. Telephone Numbers:
- (Home) _____
- (Work) _____
- (Cell) _____
6. Are you related by blood or marriage, to any current employee, Manager, or Board of Director?
____ YES ____ NO
- If yes, please explain which employee and the nature of the relationship: _____
- _____
7. Can you legally work in the United States? ____ YES ____ NO
8. Have you ever been convicted of a crime or otherwise pled guilty, *Nolo Contendere*, or received deferred adjudication for a crime? ____ YES ____ NO
- If yes, please explain: _____
- _____
- _____
9. Position applied for: _____ 11. SALARY DESIRED: _____
10. Would you accept temporary work? ____ YES ____ NO
11. After reviewing the job description of the position for which you are applying, do you believe you can perform the essential functions of the job, with or without reasonable accommodation?
____ YES ____ NO

NAME _____ DATE _____

12. EDUCATION:

- A. CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12
- B. DID YOU GRADUATE FROM HIGH SCHOOL WITH A HIGH SCHOOL DIPLOMA/G.E.D?
____ YES ____ NO
- C. COLLEGE OR UNIVERSITY:

- D. YEARS COMPLETED IN COLLEGE: _____
- E. DEGREES CONFERRED:

- F. OTHER TRAINING: _____

13. REFERENCES:

- A. LIST THREE (3) PERSONS NOT RELATED TO YOU FOR RECOMMENDATION:

	Name	Occupation	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

- 14. MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE? ____ YES ____ NO*

Present Employer's Name: _____

Address: _____

Phone Number: _____

Immediate Supervisor: _____

**Please Note: If you receive a job offer without a reference check with your current employer, your job offer may be contingent on the completion of this final reference check.*

NAME _____ DATE _____

EMPLOYMENT HISTORY

15. PLEASE LIST ALL PLACES OF EMPLOYMENT SINCE HIGH SCHOOL OR FOR THE LAST TEN YEARS, WHICHEVER IS LESS, BEGINNING WITH THE MOST RECENT. IF NECESSARY, ATTACH EXTRA PAGES TO GIVE A COMPLETE EMPLOYMENT HISTORY.

A. NAME OF EMPLOYER: _____

FROM (month/year) _____ TO (month/year) _____

ADDRESS: _____

KIND OF BUSINESS OR ORGANIZATION: _____

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____

EXACT TITLE OF YOUR POSITION: _____

STARTING SALARY: \$ _____ PER _____ FINAL \$ _____ PER _____

DUTIES & RESPONSIBILITIES:

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: _____

REASON FOR LEAVING: _____

B. NAME OF EMPLOYER: _____

FROM (month/year) _____ TO (month/year) _____

ADDRESS: _____

KIND OF BUSINESS OR ORGANIZATION: _____

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____

EXACT TITLE OF YOUR POSITION: _____

STARTING SALARY: \$ _____ PER _____ FINAL \$ _____ PER _____

DUTIES & RESPONSIBILITIES:

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: _____

REASON FOR LEAVING: _____

NAME _____ DATE _____

C. NAME OF EMPLOYER: _____

FROM (month/year) _____ TO (month/year) _____

ADDRESS: _____

KIND OF BUSINESS OR ORGANIZATION: _____

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____

EXACT TITLE OF YOUR POSITION: _____

STARTING SALARY: \$ _____ PER _____ FINAL \$ _____ PER _____

DUTIES & RESPONSIBILITIES:

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: _____

REASON FOR LEAVING: _____

D. NAME OF EMPLOYER: _____

FROM (month/year) _____ TO (month/year) _____

ADDRESS: _____

KIND OF BUSINESS OR ORGANIZATION: _____

NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____

EXACT TITLE OF YOUR POSITION: _____

STARTING SALARY: \$ _____ PER _____ FINAL \$ _____ PER _____

DUTIES & RESPONSIBILITIES:

MACHINES/EQUIPMENT/COMPUTER PROGRAMS USED: _____

REASON FOR LEAVING: _____

NAME _____ DATE _____

All of the employees of Central Texas Telephone Cooperative are employed at-will. This means that both the employees and the Cooperative are free to terminate the employment relationship at his/her or its discretion. No supervisor or other employee of the Cooperative has the authority to alter this at-will relationship and no one should ever interpret any such person's remarks or actions as a guaranty of continued employment.

I hereby certify that the information I have provided above is true and correct, to the best of my knowledge. I understand that any false statement, misrepresentation, or omission made on this application will be grounds for rejection of my application for employment, or, if I have already been hired, will be grounds for immediate termination.

Signature of Applicant

Date

******* PLEASE COMPLETE PAGES 6-8 ONLY IF
YOU CURRENTLY HOLD A CDL LICENSE *******

NAME _____ DATE _____

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license for which the information below is listed:

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, Tank, Flat, Etc.)	DATES		APPROXIMATE NUMBER OF MILES DRIVEN
		From	To	
Straight Truck				
Tractor and Semi-trailer				
Tractor- Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR- END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS YES/NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION (location)	PENALTY (FOREFITED BOND, COLLATERAL AND/OR POINTS)

NAME _____ DATE _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES or NO

If yes, please explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES or NO

If yes, please explain _____

C. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES or NO

D. Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES or NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release, employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. "I understand that information that I provide regarding current or previous employers may be used and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- *Review information provided by current/previous employers.*
- *Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and*
- *Have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.*

Signature of Applicant

Date

(This certifies that I completed this application and all entries are true and correct to the best of my knowledge.)

***** OFFICE USE ONLY *****

Applicant Hired

Applicant Rejected

Date Employed _____

Signature of Hiring Supervisor _____

Date _____

Signature of Hiring Manager _____

Date _____

Signature of General Manager _____

Date _____

Signature of HR Manager _____

Date _____

Notes _____

