



APPLICATION FOR EMPLOYMENT

SUBSIDIARIES: KSNV KYMA KRNV KPVI
 KCWY KXTF KJWY KENV KTVH SDM

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veterans status, or the presence of a non-job-related medical condition or disability.

(Please fill in, print and sign)

Date of Application: _____

Position Applied For: _____
(one application per position is required)

How did you hear of this position?: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone (_____) - _____ Email Address _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No

Have you ever worked at one of Sunbelt Communications Stations before? Yes No

If so, give date and station location _____

Are you employed now? Yes No May we contact your present employer? Yes No

If hired, can you provide documentation that shows you are legally permitted to work in the United States? Yes No Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Application For Employment

Have you been convicted of a felony within the last 7 years? Yes No

(Depending on your job placement you may be asked about misdemeanors and/or other matters as it pertains to the job applied for).

(Conviction will not necessarily disqualify applicant from employment).

If Yes, please explain _____

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?

Yes No

Would you be willing to take a drug test at our expense?

Yes No

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name

Telephone

Address

City/State

Name

Telephone

Address

City/State

Name

Telephone

Address

City/State

Employee Experience

Other names or nicknames used at previous employment: _____

(For employment verification only)

Start with your present or last job, list employers for at least ten (10) years. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

(Please complete in full. Resumes are not accepted in lieu of completed application)

1

Employer () -	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

2

Employer () -	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

3

Employer () -	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

4

Employer () -	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Education

	Name	Yrs Completed	Type of Diploma/Degree
High School			_____
College			_____
Trade/Professional			_____
Describe Specialized Training, Apprenticeship, Skills, and/or Extra-Curricular Activities	_____		

Honors Received: _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Agreement

I realize in making this application, that my character, reputation for honesty, habits, ability, criminal convictions, if any, driving records, financial responsibility, employment dates, job title, salary and reasons for leaving employment may be investigated and that persons who know me now or knew me in the past may be contacted and questioned about me. I understand and give my consent to such an investigation.

I understand that, if I am hired, my employment is “at will.” I understand that this means that neither this application nor anything said to me creates a contract of employment. I understand that no promises are being made to me relating to the duration of my employment. If I am offered and if I accept employment at the television station, I understand and acknowledge that this employment can be terminated by me or by the employer **with or without cause** and with or without notice.

I understand that any false or misleading statement or omission on this application will be sufficient grounds for my immediate termination if I am hired.

Signature of Applicant

(You must print this form and sign and date)

Date