

KTTC/KXLT Television

EMPLOYMENT APPLICATION

INSTRUCTIONS TO APPLICANT: Please answer all questions and sign. You must fully and accurately complete this employment application. Incomplete applications will not be considered.

When completing, do not identify race, color, gender, age, national origin, citizenship, religion or provide any extraneous information.

Applications are considered active only for 30 days. Submission/receipt of an application does not mean that the company currently has a job position available.

The company will consider all applicants without discrimination on any basis prohibited by law and is an equal employment opportunity employer.

1. PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
City State Zip

Phone: _____

Please provide your most recent previous address

Address: _____
City State Zip

If you are hired, you must supply proof of your age.

Have you ever worked for the company before? Yes _____ No _____ When? _____

Reason for leaving. _____

Name of last supervisor at the company? _____

Have you ever applied for work with the company before? Yes _____ No _____ When? _____

2. KIND OF WORK DESIRED

What kind of work are you seeking? _____

Date you can begin work: _____

How were you referred to the Company?

___ Employment Agency ___ Friend ___ Walked In
___ Newspaper Advertisement ___ State Employment Office ___ Other

Certain Jobs may require working overtime and on weekends. Are you available for such hours of work? (Answering "No" to this question does not mean you will be ineligible for employment)

Yes _____ No _____

3. EMPLOYMENT HISTORY

Last Employer

Company Name: _____

Address: _____

City State Zip

Phone: _____ Job Title: _____

Dates Employed: _____ to _____

Reason for leaving or desiring change: _____

Immediate Supervisor: _____

Describe duties and responsibilities: _____

Previous Employer

Company Name: _____

Address: _____

City State Zip

Phone: _____ Job Title: _____

Dates Employed: _____ to _____

Reason for leaving or desiring change: _____

Immediate Supervisor: _____

Describe duties and responsibilities: _____

4. Education

High School _____

Name City State

Did you graduate? Yes _____ No _____

Other schools attended:

Name

City

State

Dates of attendance _____ to _____

Did you receive a degree? Yes _____ No _____ When? _____

Area of study/type of degree? _____

Name	City	State
Dates of attendance _____ to _____		
Did you receive a degree? Yes _____ No _____ When? _____		
Area of study/type of degree? _____		

5. **OTHER BACKGROUND**

During any period of employment with the company, will you work for another employer or do you intend to seek additional work elsewhere? Yes _____ No _____

Please describe below the three most important things to you about the place you work.

6. **REFERENCES**

Identify three persons not related to you that you have known for at least one year.

Name	Address/Phone	Years Acquainted
Name	Address/Phone	Years Acquainted
Name	Address/Phone	Years Acquainted

READ BEFORE SIGNING

I certify that the information on this application is complete, true and correct to the best of my knowledge. I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment as subsequently discovered.

I authorize investigation of all statements contained herein and of the references listed above to give you any and all pertinent information, personal or otherwise. I release all parties from liability or any damage that may result from furnishing the same to you.

Signature: _____ Date: _____