

WEEK Television, Inc.

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, 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.

Are you authorized to work lawfully in the United States for the Company? Yes _____ No _____

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 Company to verify the accuracy of the information contained herein and to obtain reference information. I hereby release Company and its agents and representatives from any/all liability and damages of whatever kind and nature which at any time, could result from requesting, obtaining and/or having an employment decision based on such information.

Signature: _____ Date: _____