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KEYC TELEVISION WELCOMES YOU AS AN APPLICANT. IT IS THE POLICY OF THIS STATION TO PROVIDE EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS. KEYC WILL NOT DISCRIMINATE IN ITS EMPLOYMENT AND PERSONNEL PRACTICES BECAUSE OF A PERSON'S RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, OR STATUS WITH REGARD TO PUBLIC ASSISTANCE. DISCRIMINATORY EMPLOYMENT PRACTICES ARE SPECIFICALLY PROHIBITED BY THE FEDERAL COMMUNICATIONS COMMISSION. IF YOU BELIEVE YOUR EQUAL EMPLOYMENT RIGHTS HAVE BEEN VIOLATED, YOU MAY CONTACT THE FCC AT 1919 M. ST. N.W., WASHINGTON, DC 20554, OR YOU MAY CONTACT ANOTHER APPROPRIATE STATE OR LOCAL AGENCY.

BE ADVISED THAT IF YOU ARE OFFERED A POSITION IN CONNECTION WITH THIS APPLICATION, YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREEN. FAILURE TO CONSENT TO SUCH A SCREEN OR NOT HAVING THE TEST CONDUCTED WITHIN 12 HOURS OF THE OFFER, OR A VERIFIED POSITIVE DRUG TEST, WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION.

DO YOU HAVE THE ABILITY TO PERFORM THE SPECIFIC JOB FUNCTIONS OF THE POSITION FOR YOU WHICH YOU ARE APPLYING? _____. UPON REQUEST, ACCOMMODATIONS WILL BE PROVIDED TO APPLICANTS IN ACCORDANCE WITH AMERICAN DISABILITIES ACT (ADA).

PERSONAL INFORMATION

POSITION APPLIED FOR: _____ FULL-TIME ___ PART-TIME ___

HOW DID YOU LEARN OF THIS OPENING? (PLEASE BE SPECIFIC)

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BETWEEN THE HOURS OF _____ AND _____

HOME PHONE _____ BETWEEN THE HOURS OF _____ AND _____

E-MAIL _____ MAY WE CONTACT YOU AT WORK? _____

SALARY EXPECTATIONS: _____ DATE AVAILABLE FOR WORK _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY RELATED TO YOUR ABILITY TO PERFORM IN THE JOB WHICH YOU ARE APPLYING? IF YES, PLEASE EXPLAIN. (CONVICTION RECORD IS NOT NECESSARILY A BAR TO EMPLOYMENT. RELEVANT FACTORS WILL BE EVALUATED.)

EMPLOYMENT APPLICATION

EDUCATIONAL BACKGROUND

SCHOOL/ADDRESS	COURSE OF STUDY	DEGREE OR DIPLOMA

LIST ANY ADDITIONAL SKILLS, QUALIFICATIONS OR INFORMATION RELEVANT TO THIS POSITION THAT YOU WOULD LIKE US TO CONSIDER.

REFERENCES

LIST PEOPLE WHO KNOW YOU WELL, PREFERABLY FROM A WORK ENVIRONMENT. DO NOT REFER TO AN ACQUAINTANCE OR RELATIVE.

NAME _____ ADDRESS _____

HOME PHONE _____

WORK PHONE _____ OCCUPATION _____

NAME _____ ADDRESS _____

HOME PHONE _____

WORK PHONE _____ OCCUPATION _____

NAME _____ ADDRESS _____

HOME PHONE _____

WORK PHONE _____ OCCUPATION _____

EMPLOYMENT RECORD

PREVIOUS EMPLOYER _____ FROM _____ TO _____

ADDRESS _____ PHONE NUMBER _____

YOUR TITLE _____ ENDING SALARY/WAGE _____

SUPERVISOR'S NAME & TITLE _____ MAY WE CONTACT THIS PERSON? _____

PRINCIPAL RESPONSIBILITIES (BE COMPLETE) _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ FROM _____ TO _____

ADDRESS _____ PHONE NUMBER _____

YOUR TITLE _____ ENDING SALARY/WAGE _____

SUPERVISOR'S NAME & TITLE _____ MAY WE CONTACT THIS PERSON? _____

PRINCIPAL RESPONSIBILITIES (BE COMPLETE) _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ FROM _____ TO _____
ADDRESS _____ PHONE NUMBER _____
YOUR TITLE _____ ENDING SALARY/WAGE _____
SUPERVISOR'S NAME & TITLE _____ MAY WE CONTACT THIS PERSON? _____
PRINCIPAL RESPONSIBILITIES (BE COMPLETE) _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ FROM _____ TO _____
ADDRESS _____ PHONE NUMBER _____
YOUR TITLE _____ ENDING SALARY/WAGE _____
SUPERVISOR'S NAME & TITLE _____ MAY WE CONTACT THIS PERSON? _____
PRINCIPAL RESPONSIBILITIES (BE COMPLETE) _____

REASON FOR LEAVING _____

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE. I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. IT IS ALSO UNDERSTOOD THAT I MAY BE SUBJECT TO SATISFACTORY PHYSICAL EXAMINATION BY A PHYSICIAN OF THE COMPANY'S CHOICE AT THE TIME OF EMPLOYMENT.

SIGNATURE OF APPLICANT _____ DATE _____



Equal Employment Opportunity Information

This information will only be used for record-keeping/statistical purposes and to comply with Equal Employment Opportunity/Affirmative Action laws which help to determine how effective our recruitment efforts are in reaching a broad cross-section of people in a recruitment area. This information will be kept separately from your employment application and will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although completion of this form is voluntary, KEYC does appreciate your cooperation.

Date: _____

Name: _____

Position applied for (be specific): _____

Please check the items that apply to you:

_____ Male

_____ White (not Hispanic)

_____ Black (not
Hispanic)

_____ Female

_____ Hispanic

_____ Asian/Pacific
Islander

_____ American Indian/Alaskan Native

Your city of residence, state and zip code: _____