

# APPLICATION FOR EMPLOYMENT

(Please Print)

This application will only be considered for the ninety calendar day period after its receipt by KOAM TV. Should you wish to be considered after the expiration of this period, you must reapply.

## I. General Information

Date : _____			
Name: _____			
Last	First	Middle	
Telephone No.: _____		Email: _____	
Present Address	City	State	Zip Code

If under 18, please state your age: \_\_\_\_\_ Position Desired: \_\_\_\_\_

How did you hear about the job opening? Please be specific: \_\_\_\_\_

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? Yes No

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application: \_\_\_\_\_

Have you filed an application here before? Yes No If yes, give dates \_\_\_\_\_

Have you ever been employed here before? Yes No If yes, give dates \_\_\_\_\_

Are any of your relatives current or former employees of KOAM TV? Yes No

Are you employed now? Yes No If so, may we contact your present employer? Yes No

On what date would you be available for work? \_\_\_\_\_

Are you available to work full time? Yes No Part time? Yes No

Have you ever been convicted of a crime except a minor traffic violation? Yes No

If yes, please state citation, date and place where offense occurred. \_\_\_\_\_

*A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of the offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.*

If you served in the U.S. Armed Forces, please indicate:

- Branch of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_
- Date of discharge \_\_\_\_\_ Dishonorable discharge? Yes No
- Describe any special training \_\_\_\_\_

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? Yes No

The need for an accommodation does not necessarily bar employment. Please note that if hired you must inform the Company in writing of the need for accommodation within 182 days after the date that you knew or reasonably should have known that an accommodation is needed. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

If you are hired, in case of emergency, we should notify:

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Name Address Phone No.

### II. REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS & PHONE	EMPLOYER & TITLE	YEARS ACQUAINTED

### III. EDUCATION

	NAME & LOCATION OF SCHOOL	MAJOR SUBJECTS STUDIED	YEARS ATTENDED (FOR VERIFICATION PURPOSES ONLY)	GRADUATED? (YES OR NO)	DEGREE, DIPLOMA, OR CERTIFICATE AND YEAR OBTAINED
High School		N/A	N/A		N/A
Technical Training					
College					
Other					

**IV. EMPLOYMENT HISTORY**

Start with present and also list all previous employment (*use separate sheet if necessary*). Start with present employment and work back.

DATES (MONTH AND YEAR)	EMPLOYER'S NAME, ADDRESS, & PHONE NUMBER	SUPERVISOR'S NAME & TITLE	POSITIONS	SALARY (STARTING & ENDING)
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving</i>				
From				
To				
<i>Reason for Leaving</i>				
From				
To				
<i>Reason for Leaving</i>				
From				
To				
<i>Reason for Leaving</i>				

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact:

**V. SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to KOAM TV. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other skills/Experience: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION

Please read the following statements carefully. **Initial** each one and sign to indicate your understanding.

\_\_\_ I certify that the information given in this Application and related documentation is true and complete. I understand that false statements, regardless of when discovered by the Company, will be grounds for immediate disqualification or discharge, if I am employed.

\_\_\_ I understand that the Company is an Equal Opportunity Employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, citizenship, disability, genetic information, height, weight, and marital status.

\_\_\_ I recognize that the Company is an "at will" employer. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by the Company's Chief Executive Officer.

\_\_\_ I agree that any action or suit against the Company arising out of my employment or termination of employment including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitations to the contrary.

\_\_\_ I understand that if employed I may be asked and I agree to sign a Non-Compete Agreement and/or a Confidentiality Agreement or any other agreement with restrictive covenants. I also understand and agree that my employment will be subject to employment policies that the Company adopts throughout the term of my employment.

\_\_\_ I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

\_\_\_ I understand that the Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize the Company to do the same. I also authorize all individuals, schools, and employers named, except as specifically limited on this application\*, to provide information requested about me and I release them from liability for damages in providing this information. I understand that in connection with my employment, the Company may obtain "consumer reports" regarding me and use those reports for employment purposes in order to evaluate me for employment, promotion, reassignment or retention as an employee. This inquiry and such reports may include information as to my character, general reputation, personal characteristics, names and dates of previous employers, reason for termination of employment, job performance, credit history, work experience, driving record, and criminal record.

\_\_\_ If offered a position with the company, I may be required to submit a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks may result in withdrawal of any employment offer or termination of employment if already employed.

\_\_\_ By signing below, I acknowledge that this Disclosure and Authorization shall remain on file and shall serve as ongoing authorization for the Company to obtain consumer reports regarding me for employment purposes.

\* Employers specifically excepted: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

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**Interviewed By:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ **Date:** \_\_\_\_\_

**If Hired:**

**Hire Date:** \_\_\_\_\_ **Position** \_\_\_\_\_

**Will Report to:** \_\_\_\_\_

**Wage/Salary:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

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