



APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY: *It is the policy of Pappas Telecasting Companies to prohibit unlawful discrimination on the basis of any characteristic protected by applicable local, state, or federal law. If you believe your equal employment rights have been violated, you may contact the appropriate state or federal EEO agency.*
PLEASE PRINT

Full Name _____

Current Address _____ City _____ State _____ Zip _____ Telephone _____

Previous Address _____ City _____ State _____ Zip _____ How long (MO/YR to MO/YR)?
From ___/___/___ to ___/___/___

What position or type of work are you seeking? _____ How did you learn of the position that you are seeking? _____ Are you age 18 or older?
 No Yes

Are you interested in: Full-Time Part-Time Temporary On-Call _____ What days and hours are you willing to work? _____ Willing to work overtime?
 No Yes

What pay do you expect? \$ _____ per _____ Date available to begin work: _____ Are you presently on layoff from another job and subject to recall? No Yes

Have you applied here before? No Yes - When: _____ Have you previously been employed here? No Yes - When: _____ Under what name: _____

Are you presently employed? No Yes May we inquire of your employer? No Yes Do you have relatives working here (will not necessarily disqualify employment)? No Yes - Name: _____ Relationship: _____

EDUCATION AND SKILLS

Check the boxes that indicate all levels of completed education:

- High School Graduate or GED
- Some College
- College Graduate
- School _____
- Degree _____
- Major _____
- Trade or Business School
- School _____
- Field of Study _____

List certificates or licenses you hold, or specialized training you have completed that may help qualify you for employment:

List equipment you operate that may help qualify you for employment:

List job-related professional or technical organizations to which you belong:

GENERAL INFORMATION

What do you expect to be doing in five years? _____ Based on today's prices and wages, what monthly income do you expect to be earning in five years? _____

What has been your most interesting work? _____ What made it interesting? _____

What work experience did you dislike most? _____ Why did you dislike it? _____

Have you been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated, or dismissed)? No Yes - Explain (conviction will not necessarily disqualify): _____

Can you, if employed, submit verification of your right to work in the United States? No Yes

COMPLETE EACH PAGE OF THIS FORM

EMPLOYMENT HISTORY/PERSONAL REFERENCES

List ALL periods of employment, self-employment, U.S. military service, volunteer work, and/or non-employment starting with the MOST RECENT FIRST. Personal references may be listed following employment history—please do not list relatives.

From	Employer	Position/Duties	Starting Pay	Supervisor's Name
	Address and Telephone Number			
To				
From	Employer	Position/Duties	Starting Pay	Supervisor's Name
	Address and Telephone Number			
To				
From	Employer	Position/Duties	Starting Pay	Supervisor's Name
	Address and Telephone Number			
To				
From	Employer	Position/Duties	Starting Pay	Supervisor's Name
	Address and Telephone Number			
To				
From	<input type="checkbox"/> Employer <input type="checkbox"/> Personal Reference	Position/Duties (Describe relationship if personal reference)	Starting Pay	Supervisor's Name
	Address and Telephone Number			
To				
From	<input type="checkbox"/> Employer <input type="checkbox"/> Personal Reference	Position/Duties (Describe relationship if personal reference)	Starting Pay	Supervisor's Name
	Address and Telephone Number			
To				

CERTIFICATION AND ACKNOWLEDGMENT

I certify that all information submitted in this application form, or in any resume, interview, or other information, is true and complete and that I have not knowingly withheld, nor will I withhold, any information that would affect my application for employment. I understand that employer is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment. I ALSO UNDERSTAND AND AGREE THAT:

- Inquiries may be made with my previous employers, personal references, and others (herein collectively "persons") who may have knowledge of me. I authorize such "persons" to give you any and all information concerning my previous employment (including but not limited to, an assessment of my job performance, ability, and fitness for employment), and/or any other information they may have. I release all such persons from any and all liability, claims, or damages that may directly or indirectly result from furnishing same. Upon my reasonable and timely request, a description of the general scope and nature of any such inquiry will be provided to me to the extent required by applicable law.
- Prior to my beginning work or during my employment, employer reserves the right to require any lawful form of medical, drug, alcohol, psychological, character, honesty, integrity, aptitude, skill, or other test or examination.

If employed, I understand and agree that my employment is "at-will" and may be terminated with or without cause or notice at my option or at the option of employer.

Signature

Date

APPLICANT DATA SHEET

INSTRUCTIONS: All applicants must complete Part "A" of this form when making application for employment with Pappas Telecasting Companies; completion of Part "B" is voluntary.

PLEASE PRINT

PART A (Must be completed by all applicants)

Full Name: LAST FIRST MIDDLE INITIAL DATE

Pappas Telecasting Companies station, office, or facility where you are applying for employment:

Position or type of work are you seeking:

How did you learn of the position that you are seeking (CHECK ONE):

Walk-In Referral (list name of referring party or agency below) Advertisement (list name of source or publication below)

PART B (Completion of this part is voluntary)

Pappas Telecasting Companies is an Equal Employment Opportunity Employer. As such, we are obligated under federal and state laws to collect certain statistical data regarding persons who apply for employment with the company. Although your submission of the information requested below is voluntary, completion of the section will help us comply with these governmental recordkeeping, reporting, and other legal requirements. We appreciate your cooperation. No information in this form will be made available to any person involved in the screening, interview, or selection process.

SEX (check one): Male

Female

AGE (check one): Age 39 or under

Age 40 or over

RACE (check one): White (Not of Hispanic Origin)

Black (Not of Hispanic Origin)

Hispanic

American Indian or Alaskan Native

Asian or Pacific Islander

OTHER (check any of the following that apply):

Vietnam Era Veteran

Disabled Veteran

Other Disabled Individual

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box. If checked and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Print your Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ **Race:** _____ **Gender (M or F):** _____

Other or Former Names: _____

Professional License: _____ **State:** _____ **Type:** _____ **Number:** _____

Signature: _____ **Date:** _____

Consent and Release — Drug and Alcohol Tests

Policy on Drugs and Alcohol: It is the position of EMPLOYER that persons who use, possess, transfer, sell, distribute, or manufacture illegal drugs, or who abuse the use of prescription drugs or alcohol, are a negative influence on the workplace and create a safety, health, and general employment risk. Therefore, it is not permissible for any employee to: 1) consume, sell, distribute, or manufacture illegal drugs on or off the job; or 2) be on the premises, on duty, or in operation of a vehicle or equipment owned or otherwise under the control of EMPLOYER: a) while in possession of alcoholic beverages, illegal drugs, or drug-identified paraphernalia; b) with alcohol or illegal drugs in one's system; c) with any prescription drug in one's system in excess of prescribed levels and/or at any level that may pose a direct threat to the health and/or safety of the employee or others; or d) while otherwise mentally or physically impaired to any degree by any other foreign substance.

"EMPLOYER" (Please print): _____

Address: _____

Test results to be reported directly to: _____ at (telephone): _____

PURPOSE: As condition of employment or continued employment, APPLICANT / EMPLOYEE is requested and/or required by EMPLOYER to submit to a drug and/or alcohol test for reason/s of (check as applicable):

- Pre-employment screening.
- Reasonable suspicion of involvement of any type in violation of the above policy.
- Incident-based test related to one who suffers or causes an industrial injury/illness.
- Incident-based test due to vehicle/equipment accident/collision.

CLINIC / MEDICAL REVIEW OFFICER (CLINIC/MRO): Location where test is to be conducted:

Name (Please print): _____

Address: _____

Acknowledgement, Agreement, Consent, and Release: I hereby acknowledge EMPLOYER's policy concerning drugs and alcohol. As a condition of employment or continued employment, I hereby consent to testing, to the extent permitted by law, of my body fluid/s (urine or otherwise) or hair specimen or sample (herein collectively "SAMPLE") for illegal drugs, alcohol, and/or other substances as may be in violation of the above policy by CLINIC/MRO for the purpose/reason indicated herein above. I agree to provide directly to CLINIC/MRO all information requested by CLINIC/MRO in connection with any such test and hereby certify that all such information shall be true and complete without omission.

NOTE: Although completion of a drug and/or alcohol test ordinarily is required after a conditional offer of employment is made, but before I may begin work with EMPLOYER, there may be occasions when work may begin before the results of such test are known because of the length of time needed to complete the test or otherwise. If work does begin before results are known and, when received, such results are unacceptable to EMPLOYER, *my employment may be immediately terminated without liability of any type to EMPLOYER.*

I further give my consent to release by CLINIC/MRO to EMPLOYER or its designated agent/s, the results of any such test performed, and hereby release and hold harmless EMPLOYER and CLINIC/MRO, their officers, employees, agents, and contractors ~~from any liability arising from this request or requirement to furnish any SAMPLE, the testing of such SAMPLE,~~ and any decision made based upon the results of such test/s. I agree that any decision made by EMPLOYER based on such results shall be at the sole discretion of EMPLOYER and shall be final. I further agree that other than an initial "pass," "fail" (meaning a "test positive" on a "zero tolerance" basis), or "adulterated or substituted sample" response, EMPLOYER shall not be obligated to release to me or any other party the detailed results of any test conducted herein or any other information related thereto. Furthermore, EMPLOYER shall not be obligated to conduct, permit, allow, or accept additional or secondary tests of any type.

I further understand and acknowledge that: 1) my refusal to sign this form or submit to any test described herein; 2) any evidence of my adulteration, alteration, or substitution of any SAMPLE; 3) falsification, omission, or misrepresentation of material information that I provide to CLINIC/MRO or EMPLOYER regarding my use of drugs (including prescription drugs) or alcohol; or 4) a "test positive" for illegal drugs, alcohol, and/or certain other substances may, as applicable, *result in an offer of employment being rescinded or disciplinary action, up to and including termination of employment.*

Employee/Applicant Name (please print): _____

Employee/Applicant Signature: _____ Date: _____

Witness Name (please print): _____

Witness Signature: _____ Date: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains ~~inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -~~ to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In

addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
 - **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal)	Office of Thrift Supervision Consumer Programs

institution's name)	Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051