

WVIR-TV NBC29

Application for Employment

WVIR-TV is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Manager.

Applicant name: _____ Date: _____ E-Mail Address: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Alternate telephone # _____

Type of employment desired: Full-time _____ Part-time _____ Salary Desired: _____

Date you will be available to start work: _____

Do you have any scheduling limitations? _____

If yes, Please list the days or shifts you would be unavailable: _____

Do you have any objection to working overtime if necessary? Yes _____ No _____

Do you have transportation to work? Yes _____ No _____

Have you ever been previously employed by our organization? Yes _____ No _____

Can you submit proof of legal employment authorization and identity? Yes _____ No _____

If you are under 18, can you furnish a work permit if it is required? Yes _____ No _____

Have you ever been convicted of a crime in the last 7 years? Yes _____ No _____

If yes, please explain (a conviction will not automatically bar employment): _____

Do you have a valid driver license? (if driving is an essential job duty): _____

Are your services presently contracted to any other person or firm? : _____ If yes, please attach of copy of contract.

How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer 1: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer 2: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer 3: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer 4: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize WVIR-TV to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, Department of Motor Vehicles, and all other sources of information. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either WVIR-TV or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of WVIR-TV not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under

these conditions.

Applicant signature: _____ Date: _____

WATERMAN BROADCASTING CORPORATION

SUBSTANCE ABUSE POLICY (Consent Attachment)

DRUGS

Certain medications may affect the results of a drug test, including, but not limited to:

Amphetamines: Obetral, Biphedamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin

Cannabinoids: Marinol (Dronabinol, THC)

Cocaine: Cocaine HCl topical solution (Roxanne)

Opiates: Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), MS Contin and Roxanol (morphine sulfate), Percodan, Vicodin, etc.

Barbiturates: Phenobarbital, Tuinal, Armytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butibartital, Butabital, Phrenilin, Triad, etc.

Benzodiazepines: Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Traxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax

Methadone: Dolophine, Methadone

Propoxyphene: Darvocet, Darvon N, Dolene, etc.

ALCOHOL

Likewise, certain common medications may affect the results of an alcohol test. Please read the label for content. As an example, Vicks Nyquil is 24% (50 Proof) Ethyl alcohol, Comtrex is 20% (40 proof), Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof)

EMPLOYEE DRUG TESTING CONSENT AND RELEASE

I consent for any necessary samples of urine and/or blood be taken and tested by a laboratory designated by Waterman Broadcasting to determine, as defined by Waterman Broadcasting's Substance Abuse Policy, any current illegal use of drugs and/or the presence of alcoholic beverages in my body. I authorize Waterman Broadcasting and the testing laboratory to take samples and to perform any tests to make this determination. I agree to cooperate in

the taking and testing of such samples and I authorize the release of the test results to Waterman Broadcasting officials.

I understand that the substances for which laboratory testing may be performed include alcoholic beverages, Phencyclidine (PCP), Cannabis (marijuana and hashish), Amphetamines (methamphetamines, Amphetamine, Dexedrine, Diadrex and Fastin), Barbiturates (Phenobarbital, Secobarbital, Am barbital, Seconal, Feorinal and Butabarbital), Benzodiazepines (Librium, Valium, Tranxene, Restoril and Oxazepam, etc.) Cocaine, Methadone, Methaqualone, Opiates, and Propoxyphene.

I understand that the results of these tests will be used to determine my compliance with Waterman Broadcasting's Substance Abuse Policy and my suitability for continued employment. I understand that refusal to consent or cooperate in giving any necessary samples requested or required by Waterman Broadcasting will result in termination of my employment.

I authorize the laboratory designated by Waterman Broadcasting to take urine samples and to conduct the aforementioned testing. I authorize the laboratory to disclose all pertinent information, including test results, to its employees and to employees of Waterman Broadcasting involved in the employment process. I hereby release and discharge Waterman Broadcasting, the laboratory performing the testing and all of their officers, directors, shareholders, employees, representatives, agents, affiliated organizations, and attorneys from any and all claims, liabilities or damages arising out of or related to the taking of any samples if my urine and/or blood and communication of the test results.

I understand that this consent and release does not constitute an employment agreement or contract with Waterman Broadcasting. I have signed this document voluntarily and of my own free will.

IF YOU HAVE QUESTIONS ABOUT THIS FORM, ASK BEFORE SIGNING.

Date: _____ Applicant Signature: _____

WVIR-TV EEO DATA FORM

NOTE TO ALL APPLICANTS: The data requested by this form will assist WVIR-TV in complying with equal employment opportunity obligations. This form will be maintained in a file separate from your resume and/or employment application. The information you provide on this form will not be available to the person who evaluates your employment application, and will not be used in any way in determining whether to offer you employment. Part B of the form will not be completed until after a decision on your application has been made, and, if an offer of employment is made, until after you have accepted or rejected the offer.

PART A

(To be completed by applicant)

Name: _____ Date: _____

What organization, publication, or individual called your attention to WVIR-TV?

National Origin:

- American Indian or Alaska Native ()
- Asian or Pacific Islander ()
- Black, not of Hispanic Origin ()
- Hispanic or Spanish-Surnamed ()
- White, not of Hispanic Origin ()

Sex: F () M ()

PART B

(To be completed by station)

Position applied for: _____

Hired: Yes () No ()

If no, reasons: _____

