



APPLICATION FOR EMPLOYMENT

Local TV, LLC is an Equal Opportunity Employer and considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, the Company complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

PERSONAL INFORMATION - Please Print - All information will be treated confidentially

LAST NAME		FIRST NAME		MIDDLE NAME	
POSITION DESIRED			IF OFFERED, WHEN CAN YOU REPORT FOR WORK?		
PRESENT STREET ADDRESS			CITY/STATE/ZIP		HOME PHONE
LIST OTHER NAME(S) UNDER WHICH APPLICANT'S EMPLOYMENT OR EDUCATIONAL RECORDS OR REFERENCES MAY BE VERIFIED				BUSINESS/ DAYTIME PHONE	
Referral source (please specify):					
Newspaper ad (newspaper _____)		Agency (name) _____			
School (Name _____)		Employee (Name) _____			
On my own _____		Web Site _____		Other (please specify) _____	
Have you ever been employed by this station or any other Local TV, LLC affiliate? Yes ____ No ____					
If yes, specify station/affiliate and dates: _____					
Are you willing to work overtime if necessary? Yes ____ No ____			Do you have any relatives working at Local TV? Yes ____ No ____ If yes, explain.		
Can you perform all the essential job functions with or without an accomodation? Yes ____ No ____					
* Have you ever been convicted of a crime? Yes ____ No ____ If yes, state nature of offense, when, where, and disposition:					
* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.					

LAST NAME

FIRST NAME

MIDDLE INITIAL

POSITION APPLIED FOR

DATE

EDUCATION - List Education, Formal Training Licenses, Certificates and Degrees related to the position sought.

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL (INDICATE CITY AND STATE)	COURSES MAJORED IN	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL					
JUNIOR COLLEGE					
COLLEGE					
GRADUATE SCHOOL					
BUSINESS, TRADE, NIGHT SCHOOL, OTHER					

Are you a member of any professional or trade organizations? Yes ____ No ____

If so, which ones? (Do not list organizations that would disclose race, color, religion, sex, national origin, age, or disability)

JOB RELATED SKILLS: Complete if applicable to position sought.

Television Equipment:

Computer Software Applications:

Other job related equipment:

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In accordance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you legally eligible for employment in the United States? Yes _____ No _____

EMPLOYMENT DATA-

Your work experience is an important factor in finding a position for which you are well suited. List employment starting with your most recent position, include military service in the US Armed Forces. Account for any time during this period that you were unemployed by stating the nature of your activities. Do not exclude any employment. If you need more space, use an attachment or we will supply additional paper.

Do you authorize inquiry about you from your present employer? Yes _____ No _____ Phone () -					
DATES	NAME / ADDRESS / PHONE # OF EMPLOYER	POSITION AND SUPERVISOR	LIST MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM Mo. Yr.		YOUR JOB TITLE		STARTING \$ _____ PER	<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Why?
TO Mo. Yr.		SUPERVISOR'S NAME		FINAL \$ _____ PER	
FROM Mo. Yr.		YOUR JOB TITLE		STARTING \$ _____ PER	<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Why?
TO Mo. Yr.		SUPERVISOR'S NAME		FINAL \$ _____ PER	
FROM Mo. Yr.		YOUR JOB TITLE		STARTING \$ _____ PER	<input type="checkbox"/> Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Why?
TO Mo. Yr.		SUPERVISOR'S NAME		FINAL \$ _____ PER	

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.

- I authorize Local TV, LLC to obtain information concerning former employers and others and release all concerned from any liability in connection therewith. Specifically, I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
- I declare that my answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that any false statements or omissions on this or any other employment form will be sufficient reason not to hire me, and if discovered after my employment, may result in immediate dismissal at the Company's sole discretion.
- Any offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references it considers satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the Company may require. I also agree, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any alcohol or drug screening that I may be required to undergo disclosed to the Company.
- If employed, I will abide by the rules, regulations or statements of policy which now exist, or which may from time to time, be added to, modified or changed, as circumstances warrant, at the sole discretion of the Company.
- This is an application for at-will employment. I acknowledge that if employed, I will have no contract of employment or any guarantee or promise of continued employment, and that my employment is for no definite period of time, and may be terminated at my will or at the will of the Company, unless I have been given a written employment agreement signed by the General Manager of the station and by myself.
- I confirm that I am not subject to any non-compete or other agreement that that prohibit me from accepting the position for which I am applying.

This is to inform you that as a part of our procedure for processing your application based on information herein, an investigative report may be made whereby information is obtained through personal interviews with third parties. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I have read and understand the above.

DATE _____

SIGNATURE OF APPLICANT _____