

WMBB-TV

APPLICATION FOR EMPLOYMENT

It is the practice of WMBB-TV to accept applications for employment for existing vacancies only. As an Equal Opportunity Employer, it is the policy of WMBB-TV to afford equal employment opportunity to all individuals, regardless of race, color, religion, sex, national origin, disability, veteran status, or age.

Submitting an application is the first step in the employment process, but does not guarantee an offer of employment or imply acceptance of such an offer. Attaching a copy of your resume to this application does not replace any information requested on the application. Incomplete applications will not be considered.

All applicants are reminded that completeness and accuracy are essential on the application form. Any incomplete, misleading or false statements in the application form will be cause for denial of employment or termination.

Job Applied for: _____ **Full Time:** ___ **Part Time:** ___ **Temporary:** ___

Name: _____ **Date:** _____
Last First Middle

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Telephone: _____ **E-Mail:** _____

Are you 18 years of age or older? ___ Yes ___ No

How did you learn of this opening?

If hired, can you furnish proof that you are eligible to work in the United States? Yes ___ No ___
(If unsure of the documentation needed to prove eligibility to work in the United States, we will explain legal requirements.)

Have you been convicted of a felony ___ Yes ___ No (A conviction will not necessarily bar an applicant for a job.) If yes, please describe:

Can you perform the duties of the job you are applying for: ___ Yes ___ No If no, please state the reason:

Have you previously been employed by WMBB-TV? Yes ___ No ___
If yes, give title of position and dates of employment:

EMPLOYMENT HISTORY
Include Military Service and Training

Starting with the most recent employer, list all full and part-time jobs or volunteer work, including periods of self-employment and unemployment.

Company Name _____ **Street Address** _____ **City** _____ **State** _____ **Zip** _____

Supervisor Name & Title _____ **Dates of Employment** _____ to _____
month/year month/year

Phone Number _____ **Position Title** _____ **Wages/Salary** _____

Duties _____

Reason for Leaving _____

May we contact your current employer? Yes No

Company Name _____ **Street Address** _____ **City** _____ **State** _____ **Zip** _____

Supervisor Name & Title _____ **Dates of Employment** _____ to _____
month/year month/year

Phone Number _____ **Position Title** _____ **Wages/Salary** _____

Duties _____

Reason for Leaving _____

Company Name _____ **Street Address** _____ **City** _____ **State** _____ **Zip** _____

Supervisor Name & Title _____ **Dates of Employment** _____ to _____
month/year month/year

Phone Number _____ **Position Title** _____ **Wages/Salary** _____

Duties _____

Reason for Leaving _____

Company Name _____ **Street Address** _____ **City** _____ **State** _____ **Zip** _____

Supervisor Name & Title _____ **Dates of Employment** _____ to _____
month/year month/year

Phone Number _____ **Position Title** _____ **Wages/Salary** _____

Duties _____

Reason for Leaving _____

EDUCATION AND TRAINING

High School: _____
Name and address

Degree: _____ Did you graduate? Yes ___ No ___

College: _____
Name and address

Degree: _____ Did you graduate? Yes ___ No ___

Graduate School: _____
Name and address

Degree: _____ Did you graduate? Yes ___ No ___

Other: _____
Name and address

Degree: _____ Did you graduate? Yes ___ No ___

If the job for which you are applying involves driving, please answer the following questions:

Do you have a valid driver's license? Yes ___ No ___ Issued by State of: _____

Driver's License No: _____ Expiration Date: _____

Has your legal ability to drive in any state been suspended in the last year? Yes ___ No ___

Have you been convicted of DWI, DUI reckless driving or two speeding tickets in the past year? Yes ___ No ___

Do you have a commercial license? Yes ___ No ___ Are you eligible for one? Yes ___ No ___

What are your Bodily Injury/Property Damage Liability/Personal Injury Protection Insurance Limits?

\$ _____ Who is your carrier?

SPECIAL SKILLS INFORMATION

Foreign Language: _____ ___ Speak ___ Write ___ Fluent

Computer Software:	MS Word	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
	MS Excel	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
	MS Access	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
	PowerPoint	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac
	Outlook	___ Beginner	___ Intermediate	___ Advanced	___ PC	___ Mac

Keyboard WPM: _____

Other Software Programs used:

Business Equipment Used:

List any job-relevant extracurricular activities and any training programs attended. (Exclude those activities or programs that would indicate race, religion, age, sex, national origin or ancestry, sexual orientation, disability or political persuasion.)

TO BE READ AND SIGNED BY APPLICANT

IMPORTANT

I hereby authorize WMBB-TV to investigate all statements contained in this application. I also authorize third parties such as current and former employers (unless otherwise noted herein), law enforcement organizations, financial institutions, educational institutions contacted by the company to furnish any information relevant to my Application for Employment. I understand that misrepresentation or omission of material facts will be a cause for immediate dismissal without notice.

I certify, as a condition of my employment, that all information given on this application is correct, and that I will comply with all the rules and regulations of this Company that are in effect now and any other policies that may be instituted at a later date. I also agree to follow all health and safety regulations.

I consent to such an examination and to all drug and alcohol testing which the Company may require at any time.

I also authorize the release of information with regard to my character, ability, and employment and agree to hold any persons contacted harmless with respect to any information they may give.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to provide an employment contract between WMBB-TV and myself. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the Company.

In making this application, I understand that if employed, all inventions, improvements and products, conceived, made or suggested by me while I am in your employ and related to, or useful in communications business or any other field of activity of the Company, shall become the absolute property of the company and I will assign to the company all my rights in any such inventions, improvements and products.

Employment with the Company is at-will and may be terminated at any time for any or no reason.

I understand that WMBB-TV reserves the right to unilaterally modify this policy without notice.

WMBB-TV is an equal opportunity employer. It is the policy of this company to consider all applicants for employment based on their qualification in light of job vacancies. Our company fully complies with all applicable laws, which prohibit discrimination on the basis of race, color, religion, sex, national origin, age, marital status or disability.

For the safety of our current and future employees, we intend that WMBB-TV will be a drug-free workplace.

Applicant's Signature

Date

EQUAL OPPORTUNITY EMPLOYER

EEO ADDENDUM TO APPLICATION

We request that you complete this part of the application form on a voluntary basis to allow us to monitor the effectiveness of our EEO program in accordance with the regulations of the Federal Communications Commission. This page will be separated from your employment application and will not be used in making any employment decision.

Position applying for _____

Race/Ethnic Group White Black
 Hispanic Hispanic other than Caucasian
 American Indian/Alaska Native
 Asian/Pacific Islander

Gender: Female Male

If you were referred to WMBB by a specific newspaper or other media, school, employment agency, minority or women's organization or another source please identify.

Applicant's name PRINT

Applicant's Signature

Date _____