



Employment Application

You must apply for a current job opening. To see a list of open jobs visit <http://www.wzzm13.com/company/jobs/>

Name: _____ Date of Application: _____
Last, First, Middle Initial

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Home Phone: () - _____ Cell Phone: () - _____

Social Security No.: - - _____ Position Applied for: _____ Date Available: _____

How did you hear about this job opening (Please be specific): _____

Employment Experience

If you are currently employed, may we contact your present employer? Yes No

*State current and previous employment experience. Include relevant U.S. military service and volunteer work.
List present or last place of employment first.*

Company: _____ Address: _____ Telephone ()- - _____
From: _____ (MM/YYYY) Start Pay: _____ Per: _____ (Year/Hour) Job Title: _____
To: _____ (MM/YYYY) End Pay: _____ Per: _____ (Year/Hour) To: Immediate Supervisor: _____
Responsibilities: _____ Reason for Leaving: _____

Company: _____ Address: _____ Telephone ()- - _____
From: _____ (MM/YYYY) Start Pay: _____ Per: _____ (Year/Hour) Job Title: _____
To: _____ (MM/YYYY) End Pay: _____ Per: _____ (Year/Hour) To: Immediate Supervisor: _____
Responsibilities: _____ Reason for Leaving: _____

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Responsibilities: _____ Reason for Leaving: _____

Note: This application will be considered without regard to race, color, religion, national origin, creed, age, height, weight, gender, disability, marital status, sexual orientation, ancestry or veteran status. Discriminatory practices are specifically prohibited by the Federal Communications Commission. If you believe your equal rights have been violated, you may contact the FCC in Washington, DC 20554, or other appropriate federal, state or local agency.

Education

Type of School	Name and Location of School/College	Major	Last Year Completed	Diploma and Degree
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Business Trade			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

Other education and training relevant to the position you seek: _____

List any educational honors and scholarships and pertinent professional affiliations and activities: _____

1. Are you under the age of 18? Yes No
2. Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld or prosecution deferred? Yes No
 If yes, please give details and dates of each: *(Dates MUST be provided)*: _____
3. Have you ever used a different name or nickname necessary for us to verify your work or school records? Yes No
 Name(s): _____
4. Have you previously been employed by WZZM 13, Gannett, or any of its subsidiaries? Yes No
 If yes, provide dates of employment, location and name of supervisor: _____
5. Do you currently have relatives employed by WZZM 13 and/or Gannett? Yes No
 If yes, provide names, relationships to you and positions with WZZM 13 and/or Gannett? _____

If applying for a position requiring driving: Do you have use of a car? Yes No

Do you have a valid driver's license? Yes No

Is your car, or the car you will use, covered by the minimum liability insurance required by state law? Yes No
 (Note: If hired you will be required to show us your driver's license and evidence of insurance coverage.)

Identify below traffic violations (other than parking) and automobile accidents incurred during the past seven years: _____

Are you legally permitted to work in the United States? Yes No

Special Notice to Applicants: If hired, you will be required to submit proof of U.S. Citizenship or of lawful alien status which permits you to work in the United States.

I certify that the foregoing information is correct and complete, and that WZZM 13 may terminate my employment because of the falsity of statements, answers or material omissions made by me in this employment application. I authorize WZZM 13 to investigate these statements, references, previous employers' motor vehicle records and school records and authorize the release of such information without liability. I understand that any job offer may be contingent upon successfully passing a pre-employment physical examination and/or pre-employment drug test and that regular employment is contingent upon successful completion of a three-month introductory period. I further understand that employment and compensation can be terminated with or without cause at any time at the option of WZZM 13 and/or me.

APPLICANT'S SIGNATURE _____ Date _____



INVITATION TO SELF-IDENTIFY

Applicants and employees who wish to benefit under the Equal Employment Opportunity Program of WZZM TV 13 are invited to identify themselves. This information is voluntarily provided; it will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company, at a future time, of a desire to benefit under this program.

I identify myself as:

Special Disabled Veteran

Yes No

A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability: (a) rated at 30% or more, or (b) rated at 10 to 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

Disabled

Yes No

Any person who (1) has a physical or mental impairment which substantially limits one or more of such major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. For purposes of this part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing employment because of a handicap.

I certify that I have read the above "Invitation to Self-Identify" and that I understand its terms. I further attest, by checking the appropriate block and signing below, that I am:

Gender: Male Female

Race/Ethnic Identification:

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin) – All persons having origins in any of the black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.

Signature: _____ Date: _____

Print Name: _____