

# WIAT-TV

## AN EQUAL OPPORTUNITY EMPLOYER

*Please ensure that ALL previous employment is listed accurately and completely on this form, whether relevant to the position you are applying for or not.*

# APPLICATION FOR EMPLOYMENT

---

*It is the practice of WIAT-TV to accept applications for employment for existing vacancies only. As an Equal Opportunity Employer, it is the policy of WIAT-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 WIAT-TV or another New Vision station? 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.

<b>Company Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor Name &amp; Title</b>	<b>Dates of Employment</b>		_____ to _____	month/year month/year
<b>Phone Number</b>	<b>Position Title</b>	<b>Wages/Salary</b>		
<b>Duties</b>				
_____				
_____				
<b>Reason for Leaving</b>				
_____				
<b>May we contact your current employer? Yes</b> _____ <b>No</b> _____				
<b>Company Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor Name &amp; Title</b>	<b>Dates of Employment</b>		_____ to _____	month/year month/year
<b>Phone Number</b>	<b>Position Title</b>	<b>Wages/Salary</b>		
<b>Duties</b>				
_____				
_____				
<b>Reason for Leaving</b>				
_____				
<b>Company Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor Name &amp; Title</b>	<b>Dates of Employment</b>		_____ to _____	month/year month/year
<b>Phone Number</b>	<b>Position Title</b>	<b>Wages/Salary</b>		
<b>Duties</b>				
_____				
_____				
<b>Reason for Leaving</b>				
_____				
<b>Company Name</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Supervisor Name &amp; Title</b>	<b>Dates of Employment</b>		_____ to _____	month/year month/year
<b>Phone Number</b>	<b>Position Title</b>	<b>Wages/Salary</b>		
<b>Duties</b>				
_____				
_____				
<b>Reason for Leaving</b>				
_____				

**EMPLOYMENT HISTORY (continued)**  
**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 WIAT-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 understand that any offer of employment is conditional on my successful completion of a post-offer alcohol and drug test or medical examination. 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 WIAT-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 the newspaper or other 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 WIAT-TV reserves the right to unilaterally modify this policy without notice.

WIAT-TV, Inc. 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 WIAT-TV will be a drug-free workplace.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR COMPANY USE ONLY**

Application received on: \_\_\_\_\_ Resume Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Action: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Action: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Action: \_\_\_\_\_

Start Date: \_\_\_\_\_ Title: \_\_\_\_\_

Driving Record                      On File As Of: \_\_\_\_\_

References                          On File As Of: \_\_\_\_\_

Work Eligibility Verification      On File As Of: \_\_\_\_\_

Orientation Scheduled for: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**