

# WSIL Television, Inc.

## EMPLOYMENT APPLICATION

**INSTRUCTIONS TO APPLICANT:** Please answer all questions and sign. You must fully and accurately complete this employment application. Incomplete applications will not be considered.

When completing, do not identify race, color, gender, age, national origin, religion or provide any extraneous information.

Applications are considered active only for 30 days. Submission/receipt of an application does not mean that the company currently has a job position available.

The company will consider all applicants without discrimination on any basis prohibited by law and is an equal employment opportunity employer.

### **1. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_

Please provide your most recent previous address

Address: \_\_\_\_\_  
City State Zip

If you are hired, you must supply proof of your age.

Are you authorized to work lawfully in the United States for the Company? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving. \_\_\_\_\_

Name of last supervisor at the company? \_\_\_\_\_

Have you ever applied for work with the company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

### **2. KIND OF WORK DESIRED**

What kind of work are you seeking? \_\_\_\_\_

Date you can begin work: \_\_\_\_\_

Certain Jobs may require working overtime and on weekends. Are you available for such hours of work? (Answering "No" to this question does not mean you will be ineligible for employment) Yes \_\_\_\_\_ No \_\_\_\_\_

**3. EMPLOYMENT HISTORY**

**Last Employer**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving or desiring change: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving or desiring change: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Education**

High School \_\_\_\_\_  
Name City State

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Other schools attended:

\_\_\_\_\_  
Name City State

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_

Did you receive a degree? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Area of study/type of degree? \_\_\_\_\_

\_\_\_\_\_  
Name City State

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_

Did you receive a degree? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Area of study/type of degree? \_\_\_\_\_

**5. OTHER BACKGROUND**

During any period of employment with the company, will you work for another employer or do you intend to seek additional work elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe below the three most important things to you about the place you work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. REFERENCES**

Identify three persons not related to you that you have known for at least one year.

\_\_\_\_\_  
Name Address/Phone Years Acquainted

\_\_\_\_\_  
Name Address/Phone Years Acquainted

\_\_\_\_\_  
Name Address/Phone Years Acquainted

**READ BEFORE SIGNING**

I certify that the information on this application is complete, true and correct to the best of my knowledge. I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment as subsequently discovered.

I authorize Company to verify the accuracy of the information contained herein and to obtain reference information. I hereby release Company and its agents and representatives from any/all liability and damages of whatever kind and nature which at any time, could result from requesting, obtaining and/or having an employment decision based on such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name on the signature line and submitting the Application electronically, you are electronically signing this Application and making the representations and authorizations referenced therein, and agree that your typed name constitutes your signature on this Application.