

APPLICATION FOR EMPLOYMENT

California Oregon Broadcasting Inc.

Date:

Please supply the following information about yourself. Use a separate sheet of paper, if necessary, to add any details or clarification that you feel may be useful in considering your application.

First Name Initial Last Name

Present Address

City State Zip Code

Home Phone Number Alternate Phone Number

Driver's License Number, if applicable (in what state?) Social Security Number

Email Address

Are you applying to work full time, part time or in a temporary job? _____

Have you ever been employed by this company? Yes No If so, give date: _____

What type of position are you applying for? _____

How did you hear about this job opening? _____

Are you eligible to work in the United States? (Proof of eligibility required upon employment) Yes No

Are you bound by any agreement(s) (i.e., a non-competition, non-disclosure, or non-piracy) that would limit your ability to work for this company? Yes No

If yes, please explain or attach copy to this application: _____

Are you on layoff and subject to recall? Yes No

When can you report to work? _____ Can you travel if a job requires it? Yes No

Do you have any planned absences during your first six months of employment? _____

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

Please list any traffic accidents or tickets that are on your driving record over the past three years.

Do you have any mental or physical condition(s) which would impair your ability to operate a vehicle on company business?

Have you been convicted of any crime? (A criminal background check may be conducted.) Yes No

If yes, please describe: _____

DRUG SCREENING IS A PRE-EMPLOYMENT REQUIREMENT

EMPLOYMENT HISTORY: List here all of the jobs you have held – at least those in the last ten years, most recent first. Include military service and part time employment. Make sure that the dates are consecutive. We contact previous employers.

Employment Dates:

FROM Mo. Yr.		TO Mo. Yr.		Name and Location of Company and Person Worked For	Type of Work	Reason for leaving	Starting/Ending Wage or Salary	
				Employer				
				No. & Street				
				City, State, & Zip				
				Supervisor & Phone				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Employer				
				No. & Street				
				City, State, & Zip				
				Supervisor & Phone				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Employer				
				No. & Street				
				City, State, & Zip				
				Supervisor & Phone				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Employer				
				No. & Street				
				City, State, & Zip				
				Supervisor & Phone				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Employer				
				No. & Street				
				City, State, & Zip				
				Supervisor & Phone				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

Name Of School	City, State of School	Major and Degree(s)	Grade Point Average/Honors

What were your favorite subjects in school? _____

In what areas did you excel in school? _____

List any offices or leadership programs you have held. (School or Community): _____

If you were to continue your schooling, what would you most like to do? _____

What educational background, job skills or accomplishments do you have that qualify you for this position?

Please give a brief statement of any creative and/or musical training and experience:

Describe your work experience with the public, in person, and over the phone: _____

Please indicate the positions/skills in which you have training and experience.

___Accounting/General

___Data Entry

___Public Relations

___Administrative Assistant

___Customer Relations

___10 Key

___Advertising

___Driver

___Excel

___Accounts Payable

___Engineering

___Power Point

___Accounts Receivable

___General Office

___Word for Windows

___Buyer/Purchasing

___Graphics

___Word Perfect

___Computer Operator

___Outside Sales

___Credit/Collections

___Programmer/Analyst

References:

Please provide names, address, and phone numbers of people who know you (Associates, Instructors, and Friends.)

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Starting Salary Necessary: \$ _____ Per _____

Agreement:

COBI is an Equal Opportunity Employer and affords equal opportunity to all staff members and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, or sexual orientation, individuals with a disability, or any other characteristic protected by applicable Federal, State, or Local Law. Persons who believe they have been discriminated against are encouraged to bring the matter to the attention of the General Manager. Complaints may also be made to the Federal Communications Commission, Washington D.C., or to the Equal Employment Opportunity Commission, 909 First Avenue, Suite 400, Seattle, WA 98104.

I authorize the investigation of all statements and information contained in this application. I release from liability anyone supplying such information and I also release COBI from all liability that might result from making an investigation.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Signed: _____ Date: _____