



Note to Applicants: Smoking is prohibited in all indoor areas of Journal Broadcast Group unless designated smoking areas have been established by a particular office in accordance with applicable state and local law.

Employment Application

Date of Application ____/____/____

Full Name: _____ Last First Middle
Present Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: Home (____) _____ Cell (____) _____
Have You Ever Worked Under a Different Name? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Previous Name Worked Under: _____
Driver's License Number: (If Required By Job) _____ State _____

Position Applying For: _____

Date Available for Work: ____/____/____

Type of Employment Desired: Full time Part Time Temporary Internship

How Did You Hear About This Job? Please Name Specific Source: _____

Best Time to Call You at Home/Cell: _____ May We Contact You at Work? Yes No

If Yes, Work Number (____) _____ Best Time to Call: _____

Have You Ever Been Employed by Journal Broadcast Group, Inc. Before? Yes No

If Yes, Department: _____ Dates: ____/____/____ to ____/____/____

Are You Legally Eligible for Employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

BEFORE answering the following questions, please refer to the instructions below if you reside in or are applying for a position in California, Michigan or Nebraska. Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment.

Have you ever been convicted or pled guilty or no contest to a crime? Do not include any charges that were sealed or expunged pursuant to a court order. ___ Yes ___ No

Do you currently have any criminal charges that are pending or awaiting disposition? ___ Yes ___ No

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away of up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana. Do not identify any pending charges for which entry into a diversion program has taken place and final disposition is pending.

Michigan Applicants: Michigan applicants need not identify any pending misdemeanor charges.

Nebraska Applicants: Nebraska applicants are not obligated to disclose any sealed juvenile record or sentence.

If Yes, please explain and provide the nature of the offense(s), the dates and location: _____

PREVIOUS EMPLOYMENT RECORD *(List your 4 most recent employers, starting with the most recent.)*

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to making an offer of employment? ___ Yes ___ No

Employer: _____ Phone #: (____) _____

Address: _____

Job Title: _____ Job Responsibilities: _____

Immediate Supervisor: _____ Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Starting Salary: \$ _____ Per: _____ Ending Salary: \$ _____ Per: _____

Employer: _____ Phone #: (____) _____

Address: _____

Job Title: _____ Job Responsibilities: _____

Immediate Supervisor: _____ Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Starting Salary: \$ _____ Per: _____ Ending Salary: \$ _____ Per: _____

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Address: _____

Job Title: _____ Job Responsibilities: _____

Immediate Supervisor: _____ Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving: _____

Starting Salary: \$ _____ Per: _____ Ending Salary: \$ _____ Per: _____

SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with Journal Broadcast Group, Inc.

Office machines and computer programs in which you have been trained: _____

List any foreign language skills and check the boxes that best describe your skill level:

Language: _____ Read Write Speak

Language: _____ Read Write Speak

EDUCATION

Name and Address of School	Grade or Degree Completed	Major or Area of Study	G.P.A.

REFERENCES

List three professional/business references who are not related to you. If you do not have three professional/business references, you may list three personal references from school, church, etc., who are not related to you.

Name	Relationship	Phone #	Years Known

READ CAREFULLY

Journal Broadcast Group's policy is not to discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other basis protected by applicable federal, state or local laws. The Company also prohibits harassment of applicants and employees based on any of these protected categories.

I authorize Journal Broadcast Group, Inc. to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation if required as a condition of employment. I authorize Journal Broadcast Group to contact my past or present employers and my references with respect to my experience, qualifications and suitability for employment. I hereby release all parties from any liability in connection with the provision and use of such information. A copy of this authorization is as valid as the original and should be recognized as such.

I certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, if I am hired, my employment will be at-will, which means that either Journal Broadcast Group, Inc or I can terminate my employment at any time for any or no reason, with or without prior notice.

I understand I may be required to complete a comprehensive medical evaluation.

I fully understand that if I am employed, I must provide Journal Broadcast Group, Inc. evidence of my eligibility for employment in the United States and that failure to do so will result in the immediate termination of my employment.

I understand that this application is considered current for 60 days. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant: _____ Date: _____