



Employment Application

Date of Application ___/___/___

Full Name: _____
Last First Middle

Present Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____

Social Security #: _____

Have You Ever Worked Under a Different Name? Yes 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: _____ 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 ___/___/___

Have You Been Convicted of a Crime, Plead Guilty to a Crime or Entered a No-Contest Plea to a Crime? Yes No

If Yes, Please explain: _____

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

Employer: _____ Phone #: (____) _____

Address: _____

Job Title: _____ Job Responsibilities: _____

Immediate Supervisor: _____ Title: _____

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

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

May We Contact For Reference: 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: _____

May We Contact For Reference: 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: _____

May We Contact For Reference: 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: _____

May We Contact For Reference: Yes No

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	Dates Attended	Grade or Degree Completed	Major or Area of Study	G.P.A.

REFERENCES

List three work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you:

Name	Relationship	Phone #	Years Known

READ CAREFULLY

I authorize Journal Broadcast Group, Inc. to contact any past or present employers with respect to my experience and qualifications. I specifically consent to disclosure in accordance with the provisions of the Privacy Act of 1974 and similar federal and state laws. Consequently, I hereby release and discharge my past and present employer(s) from any liability and damage arising out of their actions in releasing such information to Journal Broadcast Group, Inc. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I also authorize Journal Broadcast Group and/or any designated third party to retrieve information from any former employers, companies, corporations, educational institutions, law enforcement agencies, credit reporting agencies, or persons to give to Journal Broadcast Group information requested regarding my employment, including a check of my fingerprints, for suitability for hire. I hereby forever, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

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, under the conditions of the Alien Immigration Act of 1986, 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.

All applicants will receive consideration without regard to race, color, religion, sex, age, national origin, marital status or disability.

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: _____