

APPLICATION FOR EMPLOYMENT

WBIW • WORK • WPHZ

STREET: 424 Heltonville Road, Bedford, IN 47421

MAIL: P.O. Box 1307, Bedford, IN 47421

PHONE (812) 275-7555 • FAX (812) 279-8046

It is the policy of this station not to discriminate in its employment and personnel practices because of a person's race, color, sex, religion, age, national origin, or marital status. Discriminatory employment practices are specifically prohibited by the Federal Communications Commission. If you believe your equal employment rights have been violated, you may contact the FCC in Washington, D.C. 20554, or other appropriate state or local agency.

NAME (LAST)		FIRST M.I.		S.S.#
STREET ADDRESS		CITY	STATE	ZIP CODE
CHECK IF YOU ARE: <input type="checkbox"/> UNDER 18		POSITION DESIRED	SALARY DESIRED	DATE AVAILABLE
GRADE OF OPERATOR LICENSE <input type="checkbox"/> FIRST CLASS <input type="checkbox"/> SECOND CLASS <input type="checkbox"/> THIRD CLASS W/ENDORSEMENT <input type="checkbox"/> RESTRICTED RADIO TELEPHONE PERMIT	DATE ISSUED	BUSINESS MACHINES YOU CAN OPERATE	TYPING WPM	SHORTHAND WPM
LIST PHYSICAL DISABILITIES OR CHRONIC DISEASES WHICH MAY PRECLUDE YOU FROM CERTAIN JOBS				
HOW DID YOU APPLY WITH US? <input type="checkbox"/> RADIO-TV <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER:			IF ALIEN, LIST YOUR REGISTRATION NUMBER:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:				

EMPLOYMENT HISTORY: LIST ALL EMPLOYMENT SINCE HIGH SCHOOL, LAST POSITION FIRST (INCLUDE MILITARY SERVICE)

NAME OF EMPLOYER	FROM		TO		POSITION	SUPERVISOR	REASON FOR LEAVING
	M	YR	M	YR			
1.							
2.							
3.							
4.							
5.							
6.							
7.							

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED HIGH SCHOOL 9 10 11 12 -- COLLEGE 1 2 3 4 -- GRADUATE 1 2 3 4

NAME OF SCHOOL	LOCATION	COURSE OF STUDY	FROM		TO		GRADUATE
			M	YR	M	YR	
HIGH SCHOOL							
BUSINESS OR TECHNICAL							
COLLEGE							
GRADUATE							

I certify that the statements I have made are true, and I authorize the licensee to investigate the accuracy and completeness of the information provided.

SIGNATURE OF APPLICANT

DATE

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