



APPLICATION FOR EMPLOYMENT

AT

O-TOWN COMMUNICATIONS, INC. (AN EQUAL OPPORTUNITY EMPLOYER)
 (PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION				DATE	
NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
PHONE NO.			ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?			Yes <input type="checkbox"/>		No <input type="checkbox"/>

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED AT O-TOWN COMMUNICATIONS BEFORE?	WHERE?	WHEN?

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL
 SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.)
EXCLUDES ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

US MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
To				
FROM				
To				
FROM				
To				
FROM				
To				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1					
2					
3					

IT IS UNLAWFUL IN THE STATE OF IOWA TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES OR CIVIL LIABILITY.

SIGNATURE OF APPLICANT

IN CASE OF EMERGENCY, NOTIFY

NAME

ADDRESS

PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

REMARKS:

NEATNESS

HIRED: YES NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

CONFIDENTIAL EEO REPORT FORM

DEAR APPLICANT,

WE SINCERELY APPRECIATE YOUR INTEREST IN EMPLOYMENT WITH OUR COMPANY. YOUR APPLICATION WILL BE CONSIDERED.

O-TOWN COMMUNICATIONS, INC. REAFFIRMS ITS COMMITMENT TO THE PRINCIPAL OF EQUAL EMPLOYMENT OPPORTUNITY IN ITS PERSONNEL POLICIES AND PRACTICES. IT IS O-TOWN COMMUNICATIONS, INC.'S POLICY TO RECRUIT, HIRE, TRAIN AND PROMOTE INTO ALL JOB LEVELS, EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, MARITAL STATUS, SEXUAL PREFERENCE, NATIONAL ORIGIN, PHYSICAL OR MENTAL DISABILITY, OR VETERAN STATUS. ALL SUCH DECISIONS ARE BASED ON (1) INDIVIDUAL MERIT, QUALIFICATIONS, AND COMPETENCE AS THEY RELATE TO THE PARTICULAR POSITION, AND (2) PROMOTION OF THE PRINCIPAL OF EQUAL EMPLOYMENT OPPORTUNITY.

O-TOWN COMMUNICATIONS, INCORPORATED REQUIRES OUR BROADCAST LICENSEES TO KEEP RECORDS AND FILE REPORTS REGARDING EMPLOYMENT APPLICATIONS, INQUIRIES, RESUMES, AND AUDITION TAPES RECEIVED.

TO ASSIST US IN FULFILLING THAT REQUIREMENT, WOULD YOU PLEASE TAKE A MOMENT TO FILL OUT THE BRIEF QUESTIONNAIRE BELOW AND RETURN IT TO US AS SOON AS POSSIBLE SO THAT WE CAN CONTINUE THE PROCESS WITH YOU. THIS INFORMATION IS **VOLUNTARY** AND IS STRICTLY FOR OUR REQUIRED REPORTING PURPOSES. IT HAS NO BEARING WHATSOEVER ON YOUR QUALIFICATIONS FOR EMPLOYMENT AND WILL NOT RESULT IN ANY ADVERSE PERSONNEL ACTION AGAINST YOU. IF YOU DO NOT WISH TO PARTICIPATE, SIMPLY PRINT IN YOUR NAME BELOW AND RETURN THIS FORM TO US.

THIS INFORMATION WILL NOT BE ATTACHED TO YOUR APPLICATION FOR EMPLOYMENT OR RESUME AND WILL NOT BE AVAILABLE TO THOSE WHO WILL BE CONSIDERING YOU FOR EMPLOYMENT.

PLEASE PRINT

NAME: _____
DATE: _____
CHECK ONE: _____ MALE _____ FEMALE

PLEASE INDICATE THE GROUP TO WHICH YOU BELONG:

- _____ **WHITE, NOT OF HISPANIC ORIGIN:** A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
- _____ **BLACK, NOT OF HISPANIC ORIGIN:** A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
- _____ **HISPANIC:** A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.
- _____ **ASIAN OR PACIFIC ISLANDER:** A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. THIS INCLUDES, FOR EXAMPLE, CHINA, JAPAN, KOREA, THE PHILIPPINE ISLANDS, AND SAMOA.
- _____ **AMERICAN INDIAN OR ALASKAN NATIVE:** A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAINS CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.

POSITION SOUGHT: _____

WHERE DID YOU LEARN OF THIS JOB OPENING? _____

THIS INFORMATION IS FOR REQUIRED REPORTING PURPOSES ONLY AND HAS NO BEARING ON YOUR QUALIFICATIONS FOR EMPLOYMENT.

