

WTUZ Radio INC. Application For Employment

2424 East High Ave, New Philadelphia, Ohio 44663

This station is an equal opportunity employer. This station seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, religion, sex, national origin, age or disability. Law specifically prohibits such discriminatory practices. If you believe your equal employment rights have been violated, you may contact the Federal Communications Commission, the Equal Employment Opportunity Commission or the appropriate state or local EEO agency.

Last Name First Name M.I.			Social Security No. (Optional)		
Street Address City			State, Zip Code		
Telephone/Cell Phone Number			Are You 18 years of age or older? ___Yes ___No		
Position Desired	Salary Desired	Date Available	Do you hold an FCC issued license? ___Yes ___No If yes, describe?		
What computer skills do you have?		In what computer programs are you skilled?		Typing WPM	
Do you have the ability to perform the specific job functions of the position for you are applying? ___Yes ___No If Yes, are you able to perform these tasks with or without an accommodation? ___With ___Without If you can perform these tasks with an accommodation, how would you perform these tasks, and with what accommodation?			Are you legally eligible for employment in the U.S.? ___Yes ___No _____ Have you ever been convicted of a felony? ___Yes ___No If yes, please explain. (Conviction record is not necessarily a bar to employment. Relevant factors will be evaluated.)		
How did you hear about this position?					
List education, training, and experience relevant to the position applied for. (Or attach resume)					
1. _____					
2. _____					
3. _____					

Employment history, list all employment since high school, last position first. (Or attach resume)									
	Name Of Employer		From		To		Position	Supervisor	Reason For Leaving
	Mo	Yr	Mo	Yr					
1.									
2.									
3.									

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

Signature of Applicant

Date