

Withers Broadcasting Application for Employment

Personal Information

Name: _____	Address: _____
City: _____	State: _____ Zip: _____ E-Mail: _____
Home Phone: _____	Cell Phone: _____
Position you are applying for: _____	Salary desired: _____
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Why do you want to work in radio?

Employment - Please list most recent first

Employer: _____	Telephone: _____
Address: _____	City: _____ State: _____ Zip: _____
From: _____	To: _____ Supervisor: _____
Job Title: _____	Salary: _____
What were your duties: _____	
What did you like best about this job: _____	
Why did you leave? _____	

Employer: _____	Telephone: _____
Address: _____	City: _____ State: _____ Zip: _____
From: _____	To: _____ Supervisor: _____
Job Title: _____	Salary: _____
What were your duties: _____	
What did you like best about this job: _____	
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Employer: _____	Telephone: _____
Address: _____	City: _____ State: _____ Zip: _____
From: _____	To: _____ Supervisor: _____
Job Title: _____	Salary: _____
What were your duties: _____	
What did you like best about this job: _____	
Why did you leave? _____	

Education	Name of School/Location	Dates Attended	Degree/Major	Completed?
High School				
College				
Other				
Other				

Pop Quiz

What is the most important thing you have ever learned and how has it changed your life?

What one thing makes you stand out over all the rest? Why should we hire you rather than Applicant X?

What are your greatest strengths - the things about you that cause you the greatest pride?

What are your greatest weaknesses, the things about yourself that you could benefit the most from working to improve? (It's okay to have weaknesses!)

Name your favorite type of music.

Miscellaneous

Are you seeking full-time or part-time employment? Full-time Part-time

If hired, when would you be able to start? _____

Are you a U.S. citizen/national? Yes No - If no, are you eligible for employment in the U.S.? _____

How you ever been convicted of a felony: Yes No

If yes, please give reason and date of conviction _____

Do you have any physical disabilities or chronic illnesses that may interfere with your job performance? _____

If yes, please describe _____

Schedule - Please indicate hours you could work on a regular basis

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Pop Quiz - Part II (please circle YES or NO)

I get along well with most people	Yes	No	I am a problem solver	Yes	No
I am always upbeat and positive	Yes	No	I like to work by myself	Yes	No
I pay attention to details	Yes	No	I can multi-task	Yes	No
I am a quick learner	Yes	No	I am a morning person	Yes	No
I am self-motivated	Yes	No	I am a team player	Yes	No
I am a good listener	Yes	No	I am a natural leader	Yes	No
I am organized	Yes	No	I am clean, neat and orderly	Yes	No

Last Question

What one word describes you best and why did you choose that word?

By signing this application, I certify that everything in it (and accompanying resume, if any) is true to the best of my knowledge. I understand that if I falsify or omit any information it will disqualify me from further consideration and will terminate my employment if discovered at a later date. I understand that my employment can be terminated at any point, with or without cause, by either the company or myself. I authorize persons, schools, current and previous employers and organizations named in this application to provide relevant information that may be required to arrive at an employment decision. I understand that filling out this application does not indicate that there is a position open and does not obligate Withers Broadcasting to hire me. If hired, I agree to abide by company work rules, policies and procedures and recognize that company retains the right to revise policies or procedures, in whole or part, at any time. I understand that Withers Broadcasting is an Equal Opportunity Employer and does not discriminate against any employee or applicant because of age, religion, race, sex, color, national origin, disability, non job-related handicap, or because they are a disabled veteran.

Applicant's Signature _____
Date

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 local EEO agency.

Withers Broadcasting • 901 South Kingshighway • Cape Girardeau, MO 63703