



WRVM APPLICATION FOR EMPLOYMENT

WRVM is an equal employment employer. WRVM seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, sex, religion*, national origin, age or disability. Such discriminatory practices are specifically prohibited by law. 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 #
STREET ADDRESS			CITY	STATE	ZIP CODE
TELEPHONE NO.	E-MAIL ADDRESS:				
POSITION DESIRED	SALARY DESIRED			DATE AVAILABLE	
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you of legal age to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Where did you learn about this job opening?					
Please list any special experience, training or skills (language, computer, machine operation, etc.) that would be beneficial in the job you are applying for:					
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do we have your permission to run a background and criminal check on you? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, please explain. (Conviction record is not necessarily a bar to employment. Relevant factors will be evaluated.)			Do we have your permission to access your social media sites? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			If yes, please list those sites and how to access them on back or on separate sheet		
			If no, please explain reason why not on back or on separate sheet.		

* Religious affiliation and belief are bona fide qualifications for all positions at WRVM based on the policies of the Federal Communications Commission.

EDUCATION			
Name of school(s)	Dates attended:	Course of Study:	Did you graduate?

EMPLOYMENT HISTORY							
(starting with current job first, use additional sheet, or back of paper, if necessary)							
NAME AND ADDRESS OF EMPLOYER:							
Work Performed:				From		To	
				MO.	YR.	MO.	YR.
Hourly Rate/Salary	Starting:			Final:			
Contact:			May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone:		
Reason for leaving:							
NAME AND ADDRESS OF EMPLOYER:							
Work Performed:				From		To	
				MO.	YR.	MO.	Yr.
Hourly Rate/Salary	Starting:			Final:			
Contact:			May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone:		
Reason for leaving:							
NAME AND ADDRESS OF EMPLOYER:							
Work Performed:				From		To	
				MO.	YR.	MO.	Yr.
Hourly Rate/Salary	Starting:			Final:			
Contact:			May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone:		
Reason for leaving:							

PERSONAL REFERENCES			
(Please list four references including one from a co-worker and one from a pastor)			
Name	Address	Phone no. and e-mail (if available)	Years Known

I certify that the statements I have made in this entire application are true to the best of my knowledge and I authorize the licensee to investigate the accuracy and completeness of the information provided. Unless otherwise noted, I give my consent for references and previous and current employers to be contacted and release them from liability for information given.

Signature of Applicant

Date