West Virginia Educational Broadcasting Authority APPLICATION FOR EMPLOYMENT

Di	vision:	_WNPB	WPBY	WSWP _	Radio	Headquarters
job classifications without discriminatory practices	out discrim are prohict the Fede	ination on t bited by lav eral Commu	he basis of rac w and by poli	ce, color, reicy. If you	eligion, sex, na believe your	and employs qualified persons in all ational origin, age or handicap. Such equal employment rights have been loyment Opportunity Commission or
2. Please type or print.	completed	application, d				l space is needed to answer any questions.) specifically requested in the official Job
NAME (Last, First, Middle						
` ' '	,					
ADDRESS						
TELEPHONE NUMBER	ARE YO	OU 18 YEAR	S OF AGE OR	OLDER?	ARE YOU LE	GALLY ELIGIBLE FOR
	Y	es No	O		EMPLOYME	NT IN THE U.S.? Yes No
POSITION APPLYING F	OR			DA'	ΓΕ AVAILABL	Е
						ANY CONFLICT OF INTEREST IN
						", please give full details on page 4.)
HAVE YOU BEEN CON	VICTED O	F A FELONY	IN THE PAST	Γ7 YEARS	? Yes	No If yes, please explain on page 4.
(Conviction record is not n	ecessarily a	a bar to emplo	oyment, relevan	t factors wil	l be evaluated.)	
IS THERE ANY NAME Y	OU USE T	THAT MAY I	BE PERTINEN	T IN CHEC	KING YOUR V	VORK REFERENCES?
DO YOU HAVE A VALI	D DRIVER	'S		ARE YO	U WILLING TO	TRAVEL IF THE POSITION
LICENSE? Yes	No			REQUIR	ES IT?	
STATE ISSUED				Y	es No	
CHAUFFEUR'S LICENS	E?Y	Yes No)			
DO YOU SPEAK, READ,	OR WRIT	E ANY LAN	GUAGES OTH	HER THAN	ENGLISH?	Yes No
If yes, which one(s)						
Daniel Com Calan						
Degree of proficiency						
You need to answer the following	llowing fou	r questions or	nly if checked:			
☐ GRADE OF FCC			IST WORD/DA	ATA PROCI	ESSING	TYPING wpm
OPERATOR	Gene	EQU.	IPMENT YOU	CAN OPER	RATE	☐ SHORTHAND wpm
LICENSE:	Restr	ricted				wpm

MAY WE CONTACT THEM NOW? _____ Yes _____ No

EDUCATION

Check last grade comp	oleted: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	16 17 18 19 +		
SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR/MINOR	DID YOU GRADUATE?	DIPLOMA OR DEGREE
ELEMENTARY				
HIGH				
COLLEGE				
OTHER				
(SPECIFY)				
REFERENCES:	Please give the names, addresses, and teleph	none numbers of u	p to five person	s not related to
you who can com	ment on your work qualifications and perform	nance.		
1.				
2.				
3.				
J				
4.				
5.				

EMPLOYMENT HISTORY. Please start with your present or last position.	Include military service assignn	nents.	
NAME OF COMPANY		MO.	YR.
ADDRESS			
TYPE OF BUSINESS	EMPLOYED FROM		
LAST POSITION HELD	ТО		
NAME OF SUPERVISOR			
DESCRIBE THE WORK YOU DID	LAST SALARY		
	PART TIME	П	
	FULL TIME	=	
REASON FOR LEAVING	_		
NAME OF COMPANY		MO.	YR.
ADDRESS			
TYPE OF BUSINESS	EMPLOYED FROM		
LAST POSITION HELD	ТО		
NAME OF SUPERVISOR	STARTING SALARY		
DESCRIBE THE WORK YOU DID	LAST SALARY		
	PART TIME	П	
	FULL TIME	_	
REASON FOR LEAVING			
NAME OF COMPANY		MO.	YR.
ADDRESS			
TYPE OF BUSINESS	EMPLOYED FROM		
LAST POSITION HELD			
NAME OF SUPERVISOR			
DESCRIBE THE WORK YOU DID	LAST SALARY		
	PART TIME		
	FULL TIME		
REASON FOR LEAVING	\dashv		
NAME OF COMPANY		MO.	YR.
ADDRESS			
TYPE OF BUSINESS	EMPLOYED FROM		
LAST POSITION HELD	TO		
NAME OF SUPERVISOR	STARTING SALARY		
DESCRIBE THE WORK YOU DID	LAST SALARY		
	PART TIME		
	FULL TIME		
REASON FOR LEAVING	 		
(Supply any additional information on page 4 or on separate sheets of paper.)			
MAY WE CONTACT PRESENT (Yes No) AND FORMER (

Date Signed

Please use this space to continue answers to earlier questions. You may also make an additional statement regarding your qualifications for the position you are seeking.
STATEMENT OF APPLICANT
I hereby affirm that the answers and information given in this Application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as necessary for reaching an employment decision. If I am hired, I understand that upon later disclosure that false or misleading information was given in this Application Or any interview, I may be discharged. I understand and agree that I am required to abide by all rules and regulations of the Educational Broadcasting Authority and of the State of West Virginia. I further understand that nothing contained in this Application or in the granting of an interview is intended to create an employment contract between the Authority and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Authority unless made in writing. If hired by the Authority, I understand that I have the right to terminate my employment at any time and that the Authority retains a similar right.

Signature of Applicant

West Virginia Educational Broadcasting Authority

SUPPLEMENTAL APPLICANT DATA

Please note that this section of the Application is solely to help the EBA comply with government record-keeping, reporting, and other legal requirements. We ask you to complete this section for these purposes only. It is removed and placed in a separate, CONFI DENTIAL file before the Application is seen by the individual who evaluates the applicants for the vacancy. The information provided in this section will neither enhance nor detract from your opportunity for employment with the Authority.

(Please type or print.)			
POSITION APPLIED FOR:			
HOW DID YOU LEARN ABOUT T	HE VACANCY?		
NAME:			
SEX: Male Female	DATE OF BIRT	TH:	
CITIZENSHIP:	Born in the U.S.A. Naturalized Citizen Non-Citizen of the U.S.A.		
RACE/ETHNIC GROUP:	Caucasian Black Hispanic Asian or Pacific Islander American Indian or Alaska	n Native	
CHECK ANY OF THE FOLLOWIN	G THAT ARE APPLICABLE:		
	Disabled Veteran	Discharge date:	
	Vietnam Era Veteran Handicapped Individual (Nature of the handicap	Discharge date:	· ·
	APPLICANT'S STATEMENT		

Signature of Applicant

Date Signed