

West Virginia Educational Broadcasting Authority

APPLICATION FOR EMPLOYMENT

Division: _____ WNPB _____ WPBY _____ WSWP _____ Radio _____ Headquarters

The Educational Broadcasting Authority is an Equal Opportunity Employer. It seeks and employs qualified persons in all job classifications without discrimination on the basis of race, color, religion, sex, national origin, age or handicap. Such discriminatory practices are prohibited by law and by policy. 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.

INSTRUCTIONS:

1. Answer all questions in full on this form. (Extra plain sheets of paper may be attached if additional space is needed to answer any questions.)
2. Please type or print.
3. When you return the completed application, do not attach any additional material unless specifically requested in the official Job Announcement.

TODAY'S DATE: _____

NAME (Last, First, Middle Initial) _____

ADDRESS _____

TELEPHONE NUMBER _____	ARE YOU 18 YEARS OF AGE OR OLDER? _____ Yes _____ No	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? _____ Yes _____ No
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POSITION APPLYING FOR _____	DATE AVAILABLE _____
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BECAUSE OF BUSINESS ASSOCIATIONS YOU NOW HAVE, WOULD THERE BE ANY CONFLICT OF INTEREST IN YOUR WORKING FOR THE STATE OF WEST VIRGINIA? _____ Yes _____ No (If "yes", please give full details on page 4.)

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 7 YEARS? _____ Yes _____ No If yes, please explain on page 4. (Conviction record is not necessarily a bar to employment, relevant factors will be evaluated.)

IS THERE ANY NAME YOU USE THAT MAY BE PERTINENT IN CHECKING YOUR WORK REFERENCES? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ Yes _____ No STATE ISSUED _____ CHAUFFEUR'S LICENSE? _____ Yes _____ No	ARE YOU WILLING TO TRAVEL IF THE POSITION REQUIRES IT? _____ Yes _____ No
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DO YOU SPEAK, READ, OR WRITE ANY LANGUAGES OTHER THAN ENGLISH? _____ Yes _____ No

If yes, which one(s) _____

Degree of proficiency _____

You need to answer the following four questions only if checked:

<input type="checkbox"/> GRADE OF FCC OPERATOR _____ General _____ Restricted LICENSE: _____	<input type="checkbox"/> LIST WORD/DATA PROCESSING EQUIPMENT YOU CAN OPERATE	<input type="checkbox"/> TYPING _____ wpm <input type="checkbox"/> SHORTHAND _____ wpm
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EDUCATION

Check last grade completed: 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 telephone numbers of up to five persons not related to you who can comment on your work qualifications and performance.

1. _____

2. _____

3. _____

4. _____

5. _____

MAY WE CONTACT THEM NOW? _____ Yes _____ No

EMPLOYMENT HISTORY. Please start with your present or last position. Include military service assignments.

NAME OF COMPANY _____ ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR _____ DESCRIBE THE WORK YOU DID _____ _____ _____ REASON FOR LEAVING _____	MO. YR. EMPLOYED FROM _____ TO _____ STARTING SALARY _____ LAST SALARY _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
NAME OF COMPANY _____ ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR _____ DESCRIBE THE WORK YOU DID _____ _____ _____ REASON FOR LEAVING _____	MO. YR. EMPLOYED FROM _____ TO _____ STARTING SALARY _____ LAST SALARY _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
NAME OF COMPANY _____ ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR _____ DESCRIBE THE WORK YOU DID _____ _____ _____ REASON FOR LEAVING _____	MO. YR. EMPLOYED FROM _____ TO _____ STARTING SALARY _____ LAST SALARY _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>
NAME OF COMPANY _____ ADDRESS _____ TYPE OF BUSINESS _____ LAST POSITION HELD _____ NAME OF SUPERVISOR _____ DESCRIBE THE WORK YOU DID _____ _____ _____ REASON FOR LEAVING _____	MO. YR. EMPLOYED FROM _____ TO _____ STARTING SALARY _____ LAST SALARY _____ PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/>

(Supply any additional information on page 4 or on separate sheets of paper.)

MAY WE CONTACT PRESENT (____ Yes ____ No) AND FORMER (____ Yes ____ No) EMPLOYERS?

