



Employment Application

Last Name		First	Middle	Date	
Number & Street				Phone number	
City		State	Zip Code	Email address	
List three business references from your present or prior employment)					
Name and Title		Company		Phone No.	Yrs. Acquainted
Can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			If under age 18, do you have working papers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever plead "guilty" or "no contest" to, or been convicted of a criminal offense (felony/misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state specifics: _____ A conviction will not necessarily bar you from employment, unless it has a direct bearing upon the duties or responsibilities related to the position sought.					
Position Desired			Salary Desired		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Days and/or Hours Available		Date Available For Employment	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, phone number where you can be reached and best time to call:		
Have you previously worked for WCNY? (list dates, position and department)				How were you referred to WCNY? <input type="checkbox"/> Advertisement (source: _____) <input type="checkbox"/> Referral (by whom: _____) <input type="checkbox"/> WCNY website <input type="checkbox"/> Other (_____)	
Name and location of school		Major field of study		Check last year completed	Did You Graduate?
High School				<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College(s)/Junior College				<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Technical School				<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (training, certification, or licenses)					

It is the policy of WCNY-TV to seek, employ and assign the best qualified personnel in all positions without regard to race, creed, color, religion, gender, marital status, age, national origin, military service, sexual orientation, arrest or conviction, disability, or any other legally protected status.

Please list all employment (including self-employment & unemployment) starting with present or last employer first. Attach additional sheet if necessary.

From: Mo. Yr.	To: Mo. Yr.	Salary		Company Name	Phone No.
		Start \$	End \$		
Job Title				<input type="checkbox"/> PT <input type="checkbox"/> FT	Address City State Zip Code
Supervisor's Name & Title				Reason for Leaving	
Summary of job function					

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Job Title				<input type="checkbox"/> PT <input type="checkbox"/> FT	Address City State Zip Code
Supervisor's Name & Title				Reason for Leaving	
Summary of job function					

If you are now employed, why do you want to change?	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been discharged or asked to resign? If so, please explain.

I hereby affirm that my answers to the foregoing questions in my own handwriting and any attached documents referenced in my own handwriting are true and correct. I have not knowingly withheld any fact or circumstance, the disclosure of which might affect my application unfavorably, whether or not such circumstance was covered by a direct question. I understand that any misstatement on this application may be sufficient grounds to reject me as an applicant or, if hired, to terminate my employment.

I expressly authorize WCNY-TV, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding WCNY-TV, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons or organizations for furnishing such information about me.

I understand that any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of WCNY-TV or myself. I understand that no representative of WCNY-TV has any authority to enter into any agreement to employ me for any specified period of time; to assure any benefits, terms, or conditions of employment; or to make any agreement contrary to the foregoing.

In the event of my employment by WCNY-TV, it is understood that my employment is for no stated term and is subject to termination at the will of WCNY-TV. I understand that this employment application is not to be construed as a guarantee of employment.

I agree to conform to the rules and regulations of WCNY-TV and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by WCNY-TV at any time, at their sole option, and without any prior notice to me.

Signature of Applicant