

# STORM LAKE RADIO

Employment Application



## APPLICANT INFORMATION

|  |                     |                |                  |      |
|--|---------------------|----------------|------------------|------|
| Last Name  |                     | First          | M.I.             | Date |
| Street Address   |                     |                | Apartment/Unit # |      |
| City   |                     | State          | ZIP              |      |
| Phone  |                     | E-mail Address |                  |      |
| Date Available   | Social Security No. |                | Desired Salary   |      |
| Position Applied for   |                     |                |                  |      |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |                |                  |      |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?   |                     |                |                  |      |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain   |                     |                |                  |      |

## EDUCATION

|             |    |                   |  |        |
|-------------|----|-------------------|--|--------|
| High School |    | Address           |  |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address           |  |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address           |  |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

## REFERENCES

Please list three professional references.

|           |  |               |
|-----------|--|---------------|
| Full Name |  | Relationship  |
| Company   |  | Phone (     ) |
| Address   |  |               |
| Full Name |  | Relationship  |
| Company   |  | Phone (     ) |
| Address   |  |               |
| Full Name |  | Relationship  |
| Company   |  | Phone (     ) |
| Address   |  |               |

**PREVIOUS EMPLOYMENT**

|  |                    |                    |  |
|--|--------------------|--------------------|--|
| Company  |                    | Phone (    )       |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company  |                    | Phone (    )       |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company  |                    | Phone (    )       |  |
| Address  |                    | Supervisor         |  |
| Job Title  | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities   |                    |                    |  |
| From   | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

|   |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |