

# APPLICATION FOR EMPLOYMENT

## Point Broadcasting LLC An Equal Opportunity Employer

PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Cell Number	Email Address	

**IMPORTANT:** Please read the entire form before completing and print legibly. This application must be accurately completed in its entirety and is subject to verification before any offer of employee may be considered. Resumes will not be accepted in lieu of any information required on this form.

Area Applying For: (Please Circle)    Ventura    Palmdale    Lancaster    Santa Barbara    Ventura    San Bernardino

Position Applying For:

Are you applying for: Full-time work?  Regular Part-Time work?  Temporary, e.g., summer or holiday work?

If hired, would you have a reliable means of transportation to and from work?.....  Yes  No

Are you able to perform the essential functions of the job for which you are applying?..... Yes  No...

If no, describe the essential job functions that cannot be performed:

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

### EDUCATION, TRAINING and EXPERIENCE

	Name of School	Address of School	No. of Years Completed	Did you Graduate?
High School				
College/Other				

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer #1:

\_\_\_\_\_  
Name of Employer Telephone No.  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address (Street, City, State and Zip)  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

Employer #2:

\_\_\_\_\_  
Name of Employer Telephone No.  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address (Street, City, State and Zip)  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

Employer #3:

\_\_\_\_\_  
Name of Employer Telephone No.  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address (Street, City, State and Zip)  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

**Reference #1**

\_\_\_\_\_  
Name (First and Last) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address (Street, City, State and Zip)

\_\_\_\_\_  
Occupation No. of Years Acquainted

**Reference #2**

\_\_\_\_\_  
Name (First and Last) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address (Street, City, State and Zip)

\_\_\_\_\_  
Occupation No. of Years Acquainted

**Reference #3**

\_\_\_\_\_  
Name (First and Last) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address (Street, City, State and Zip)

\_\_\_\_\_  
Occupation No. of Years Acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Point Broadcasting LLC, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Point Broadcasting LLC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

          
Initials      Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below.

If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_