

Channel 5 Public Broadcasting, Inc. 1670 N. Virginia St., Reno, NV 89503 P: (775) 600-0555 F: (775) 784-4555

Application for Employment

CLEAR FORM

SUBMIT FORM

Please complete each section fully, as this will assure that appropriate information about your background, experience, and qualification is available for our consideration. In compliance with federal and state equal opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, gender identity, sexual orientation, national origin, veteran status, age, or disability.

IF HIRED, EMPLOYMENT IS AT-WILL (FOR NO FIXED TERM) AND THE COMPANY OR THE EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME.

Date:	Position(s) applied for or typ	e of work desired:	
Applicant name:			
Address:		City:	State:
Cell:	Other Phone:		
Type of employm	nent desired:full-timep	part-time temporary	
Date you will be a	available to start work:		
Are you able to m	neet the attendance requireme	ents?YesNo	
Do you have any	objection to working overtime	if necessary? Yes No	
Can you travel if ı	required by this position?	es No	
Have you ever be	een previously employed by ou	r organization? Yes No	
Can you submit p	proof of legal employment auth	norization and identity?	s No
If you are under 1	18, can you furnish a work pern	nit if it is required? Yes	10
Have you ever be	een fired or asked to resign?	Yes No	
lf yes, please exp	lain (firing will not automatica	lly bar employment):	
in imprisonment	een convicted of a felony, or wi ? (An affirmative response will r employment.) Yes No	. , ,	0

If Yes, please explain: ____

How were you referred to us? _____

References

Please list three professional references that are familiar with your work, who have worked directly with you, and who have known you for at least two years.

1. Name	Phone	Relationship
2. Name	Phone	Relationship
3. Name	Phone	Relationship

Applicant's Statement

I hereby affirm that the information provided on this application (and resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information.

I understand that it is the policy of the Station that all employees are employed at the will of both the employee and the Station. This means the employee may quit at any time, for any reason or no reason, with or without notice. Similarly, the Station may terminate employment at any time, for any reason or no reason, with or without notice. There is no contractual promise or legal requirement by either the employee or the Station that employment will continue for any set period of time, or that your employment will be terminated only under particular circumstances or with particular notice. Any exception to this policy of employment-at-will may only be made in writing signed by the President/CEO of the Station. This policy is not modified by any statements, expressed or implied, contained in any employment statement, employee handbook, memorandum, policy, procedure, or other materials or statements provided to applicants or employees in connection with their employment. Nor is this policy modified by any oral statements or conduct, express or implied. This policy supersedes any and all written, oral or implied representations that are in any way inconsistent with it.

I understand that according to federal law, all individuals must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status within Name Address Phone Relationship three (3) days of employment. As a consequence, I understand that any offer to employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of applicant:	
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