

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

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 type of work desired:				
Applicant name:				
Address:		City:	State:	
Phone:	Email Address:			
Type of employm	nent desired: full-time	part-time temporary		
Date you will be	available to start work:			
Are you able to n	neet the attendance requirem	nents? Yes No		
Do you have any	objection to working overtim	ne if necessary? Yes No		
Can you travel if	required by this position?	YesNo		
Have you ever be	een previously employed by o	our organization? Yes N	0	
Can you submit p	proof of legal employment au	thorization and identity?	Yes No	
If you are under	18, can you furnish a work per	rmit if it is required? Yes	No	
Have you ever be	een fired or asked to resign?	Yes No		
If yes, please exp	lain (firing will not automatic	ally bar employment):		
in imprisonment	een convicted of a felony, or was the convicted of a felony, or was a felony was a felony, or was a felony w	Il not necessarily disqualify y	· ·	
If Yes, please exp	lain:			
How were you re	ferred 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 provide the best of my knowledge. I also agree the me from further consideration for employmat a later date.	at any falsified information	or significant omissions may disqualify
I authorize a thorough investigation of my p investigation and release from all liability o supplying such information.	' '	,
I understand that it is the policy of the State employee and the Station. This means the ear without notice. Similarly, the Station may with or without notice. There is no contract Station that employment will continue for conly under particular circumstances or with at-will may only be made in writing signed by any statements, expressed or implie handbook, memorandum, policy, procedule employees in connection with their employer conduct, express or implied. This policy superin any way inconsistent with it. I understand that according to federal law, documentation to verify their identity and consequence, I understand that any offer to required documentation within the time per	employee may quit at any terminate employment at tual promise or legal requirany set period of time, or the particular notice. Any except the President/CEO of the d, contained in any employer, or other materials or stament. Nor is this policy modersedes any and all written, all individuals must, as a course to employment would be contained to employment would be contained.	time, for any reason or no reason, with any time, for any reason or no reason, rement by either the employee or the at your employment will be terminated eption to this policy of employment-e Station. This policy is not modified ployment statement, employee tements provided to applicants or diffied by any oral statements or oral or implied representations that are endition of employment, produce certain see (3) days of employment. As a

Signature of applicant:_______Date:______