

APPLICATION FOR EMPLOYMENT

SIGNAL MEDIA OF ARKANSAS, INC.
KABZ FM - KKPT FM - KHLR FM
 2400 Cottondale Lane, Little Rock, Arkansas 72202
 (501) 664-9410 (501) 664-5871 (FAX)

SIGNAL MEDIA IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER. *It is our policy not to discriminate in employment and personnel practices because of race, color, religion, sex, national origin, age or disability. Discriminatory employment practices are specifically prohibited by the Federal Communications Commission. If you believe your equal employment rights have been violated, you can contact the FCC, Washington, D.C., 20054 or other appropriate state or local agencies.*

PERSONAL INFORMATION:

Last Name / First / Middle		Date of Application	
Air Name (if applicable)		Social Security No.	
Street Address		Home Phone	
		()	
City, State, Zip		Business Phone	
		()	
Position Desired		Acceptable Salary	
Please list person, agency or organization that referred you to this Company. **			
Have you previously been employed with this Company?		Position:	
If so, when:			
(Circle One)			
Are you available for full-time work?		Yes	No
If not, what hours can you work?		_____	_____
Will you work overtime if asked?		Yes	No
Are you a U.S. Citizen or Permanent Resident Alien?		Yes	No
If not, what is your immigration status?		_____	_____
If hired, when will you be available to begin work?		_____	_____
Do you smoke cigarettes, cigars, or pipes? _____		Do you use illegal drugs? _____	
Have you ever been convicted of an offense other than a minor traffic violation? _____		If so, describe:	
(the existence of a criminal record does not mean you are automatically barred from employment with this Company)			
List the memberships you hold in any professional groups that you feel would be relevant to the job for which you have applied:			
What special skills, talents, licenses, etc., do you possess that would help qualify you for the job for which you have applied?			

** MUST BE COMPLETED

EDUCATIONAL INFORMATION:

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College					
College					
Vocational / Trade					
High School					

EMPLOYMENT: PLEASE COMPLETE ALL INFORMATION, EVEN IF YOU ARE ATTACHING A RESUME.
Start with present or most recent employer. If you would like to add more experience than space permits, please attach additional information. Programming Applicants- please submit a demo tape along with your Application for Employment.

(1) Company Name	Telephone
	()
Address / City / State	Employed (Month and Year)
	From To
Name of Supervisor	Pay
	Start Last
State Job Title and Describe Your Work	Reason for Leaving

(2) Company Name	Telephone
	()
Address / City / State	Employed (Month and Year)
	From To
Name of Supervisor	Pay
	Start Last
State Job Title and Describe Your Work	Reason for Leaving

EMPLOYMENT (continued)

(3) Company Name	Telephone ()
Address / City / State	Employed (Month and Year) From To
Name of Supervisor	Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

(4) Company Name	Telephone ()
Address / City / State	Employed (Month and Year) From To
Name of Supervisor	Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact. **DO NOT CONTACT:**
Employer Number(s) _____ Reason: _____

REFERENCES: (List three references other than relatives) **EVEN IF YOU ARE ATTACHING A RESUME**

(1) _____
Name Relationship Telephone

(2) _____
Name Relationship Telephone

(3) _____
Name Relationship Telephone

SIGNATURE:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that this application may be considered for up to : months and if I wish to be considered for employment thereafter, it is my responsibility to submit another application to Signa Media.

Signature

Date

Have you lived in any other city/state and country during the past 7 years? YES ___ NO ___ If "YES" please list all cities/states and countries below.

May we contact your current employer now? YES ___ NO ___ (If No, we will wait to contact your current employer last and notify you before doing so).

Have you ever been fired from a job or resigned to avoid dismissal? YES ___ NO ___ If "YES", please explain below.

Have you ever plead guilty or *nolo contendere* or been convicted of a crime other than minor traffic violations? (Drunk, reckless or hit-run driving are not minor violations). Include any convictions by military trial. List ALL reportable convictions (including guilty pleas and fines paid). Failure to admit may be cause for disqualification. Use the back of this form if additional space is needed.

MUST INDICATE YES/NO: YES _____ NO _____

<u>Offense</u>	<u>Date of Conviction</u>	<u>City, State</u>	<u>Sentence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNAL MEDIA OF ARKANSAS, INC.

ADDENDUM TO EMPLOYMENT APPLICATION

I, _____ certify that all my statements and representations made in my employment application, resumes and interviews submitted to Signal Media of Arkansas, Inc. ("Signal") are true and correct, and I have withheld no relevant information which would, if disclosed, adversely affect my application. I understand that Signal relies upon such statements and representations in making its employment decisions. I authorize Signal to undertake, or cause to be undertaken, an investigation(s) to cover, without limitation, one or more of the following items:

1. the obtaining information concerning my educational background from any institution or other source;
2. the obtaining of information concerning my employment history (including United States military service, if applicable), from any prior employer or other source;
3. the obtaining of information concerning me, if any, which may be obtained from public records;
4. the obtaining of a credit report concerning me;
5. the obtaining of a consumer investigative report. In this regard, I acknowledge the following disclosure was made to me by Signal in accordance with the Fair Credit Reporting Act, Public Law 91-508:

The Company may request an investigation which would provide Information concerning your character, general reputation, personal Characteristics and mode of living, and that if one is made, additional information as to the nature and scope of the report will be furnished to you upon your written request.

I authorize all persons, institutions, prior employers, organizations and companies to furnish any and all pertinent information known to them about me, and all such parties can rely on the photocopy of this Addendum as if it were an original. I further authorize Signal to furnish information contained on my Employment Application to any third party to aid Signal in making its employment decision concerning me.

Date

Signature of Applicant

Social Security Number

Street Address

Drivers License No./State

City/State/ZIP