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 Business Phone City, State, Zip Position Desired Acceptable Salary Please list person, agency or organization that referred you to this Company.** Have you previously been employed with this Company? If so, when: Position: (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?

EDUCATIONAL INFORMATION:

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College					
College				One of the second secon	
Vocational / Tr	ade		And the		
High School					
Start with presen	ENT: PLEASE COMPLETE A st or most recent employer. If you gramming Applicants- please sub	would like to add m	ore experience than sp	ace permits, please a	
				()	
Address / City /	State		***************************************	Employed (Moi	nth and Year)
				From	То
Name of Superv	isor			Pay	
				Start	Last
State Job Title a	nd Describe Your Work			Reason for Lea	ving
(2) Company Na	me	***************************************		Telephone	
.ddress / City / State				() Employed (Mon	th and Vear)
zaaroso / Oity / t	×*****				
Name of Supervi	so:			From	То
anne or Supervi	2OI			Pay	
State Joh Title on	nd Describe Your Work			Start Reason for Leav	Last
nato jou i me an	A Describe LOM MOLK			Reason for Leav	un R

EMPLOYMENT (continued)

(3) Company Name			Telephone	
			()	
Address / City / State	,		Employed (M	Month and Year)
			From	То
Name of Supervisor			Pay	
State Job Title and Describ	be Vour Work		Start Reason for L	Last
Suite 100 This and Desert	oo Tour Work		Reason for L	caving
			<u></u>	
(4) Company Name			Telephone	
			()	
Address / City / State			Employed (M	onth and Year)
			From	То
Name of Supervisor			Pay	· ************************************
			Start	Last
Employer Number(s	e employers listed above unless you in Reason:			
EFERENCES: (List th	ree references other than relatives) EV	VEN IF YOU ARE ATT	ACHING A RE	SUME
(1) Name	Relationship	Telephone		
(2)				
Name	Relationship	Telephone		
(3)				
Name	Relationship	Telephone		
ission of fact on this app	n this Application for Employmen plication may result in my dismissa considered for employment thereat	l. I understand that this a	pplication may b	e considered for u
				
nature			Date	

<u>AUTHORIZATION TO RELEASE INFORMATION</u>

(To be completed by applicant)

I am a serious applicant for employment at	(the "Company"). As
such, I hereby authorize the Company to obtain background che	eck information, including
consumer reports and investigative consumer reports, about m	
Testing & Occupational Health ("First Choice"), ClearStar Lo	gistics, and their vendors
for employment purposes as described in the Disclosure above	e, at any time prior to or
during my employment, if applicable, and without giving me a	
end, I hereby authorize, without reservation, any credit bu	
coworker, supervisor, customer, institution, school, college	
certificate granting entity, state department of motor vehic	• •
revenue, court, governmental agency, law enforcement age	*
bureau, insurance company, other record-keeping agency	• •
organization, company, corporation, entity, and any other infor	
any and all background information requested by ClearStar	-
Cumming, GA 30028, 877-796-2559, www.clearstar.net, anot	9
behalf of Company, and/or Company itself, and regardless	1 2
information was received from another source. I agree that a c	_
shall be as valid as the original.	
.	
I understand that this information is confidential and that disclos	sure of this information to
1. 1 21. 1. 6	

I understand that this information is confidential and that disclosure of this information to me and to others will be governed by Company policy and applicable law. I understand that upon written request to the Company I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the Company, a copy of this authorization will be provided to me.

I also understand that I have rights under the Fair Credit Reporting Act, a notice of which has been provided to me by either the Company or First Choice acting on its behalf for this sole purpose along with the Disclosure above. This authorization will remain in effect throughout the term of employment. I have read and understand all of the preceding statements and the provided documents.

Signature		Date		
Full Name (print clearly):				
	Last	First	Middle	
Other Last Names Used:		Date of Bi	rth:	
Social Security Number (Print C	Clearly):	Race/Sex (Opti	ional):	
Current Physical Address:	***************************************			
City:	State:	Zip Code:		
Telephone Number:	Driver's Li	cense Number	State Issued:	

	ntact your current employer st and notify you before doin		(If No, we will wait	t to contact your curren
Have you ev explain belo	ver been fired from a job or row.	esigned to avoid d	ismissal? YES NO	If "YES", please
violations? military trial	ever plead guilty or nolo co (Drunk, reckless or hit-runt). List ALL reportable convi- disqualification. Use the back	driving are not ctions (Including gok of this form if a	minor violations). Incluuilty pleas and fines paid	ide any convictions by d). Failure to admit ma

SIGNAL MEDIA OF ARKANSAS, INC.

ADDENDUM TO EMPLOYMENT APPLICATION

1,	certify that all my statements and
to Sig relev unde empl	esentations made in my employment application, resumes and interviews submitted gnal Media of Arkansas, Inc. ("Signal") are true and correct, and I have withheld no ant information which would, if disclosed, adversely affect my application. I restand that Signal relies upon such statements and representations in making its oyment decisions. I authorize Signal to undertake, or cause to be undertaken, an tigation(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	