

# APPLICATION FOR EMPLOYMENT

It is the policy of this station not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, or age. Discriminatory employment practices are specifically prohibited by the Federal Communications Commission. If you believe your equal employment rights have been violated, you may contact the FCC in Washington, D.C. 20054, or other appropriate state or local agency.

**Access.1 Communications Corp**

**WMGM-TV**

**1601 NEW ROAD • LINWOOD, NEW JERSEY 08221**

NAME (LAST)		FIRST		M.I.		SOCIAL SECURITY NO.		
STREET ADDRESS				CITY		STATE	ZIP CODE	TELEPHONE NO.
CHECK IF YOU ARE UNDER 18 <input type="checkbox"/> OVER 70 <input type="checkbox"/>		POSITION DESIRED			SALARY DESIRED		DATE AVAILABLE	
GRADE OF OPERATOR LICENSE GENERAL CLASS OPERATOR LICENSE <input type="checkbox"/> RESTRICTED RADIOTELEPHONE PERMIT <input type="checkbox"/>		DATE ISSUED		WORD/DATA PROCESSING EQUIPMENT YOU CAN OPERATE			TYPING WPM	SHORTHAND WPM
LIST PHYSICAL DISABILITIES OR CHRONIC DISEASES THAT MAY INTERFERE WITH YOUR JOB PERFORMANCE								
HOW DID YOU APPLY WITH US? <input type="checkbox"/> RADIO-TV <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AGENCY <input type="checkbox"/> OTHER						IF ALIEN, LIST YOUR REGISTRATION NUMBER:		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN. (CONVICTION RECORD IS NOT NECESSARILY A BAR TO EMPLOYMENT. RELEVANT FACTORS WILL BE EVALUATED).								
EMPLOYMENT HISTORY. LIST ALL EMPLOYMENT SINCE HIGH SCHOOL, LAST POSITION FIRST.								
NAME OF EMPLOYER	FROM		TO		POSITION	SUPERVISOR	REASON FOR LEAVING	
	MO.	YR.	MO.	YR.				
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								
6. _____								
LIST EDUCATION, TRAINING, AND EXPERIENCE RELEVANT TO THE POSITION APPLIED FOR								
1. _____								
2. _____								
3. _____								
4. _____								
5. _____								

I certify that the statements I have made are true, and I authorize the licensee to investigate the accuracy and completeness of the information provided.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_