

# Application for Employment

## Metropolitan Indianapolis Public Broadcasting, Inc.

It is the policy of Metropolitan Indianapolis Public Broadcasting, Inc. to provide fair and equal employment opportunities to all qualified individuals without regard to race, age, color, religion, national origin, gender or sexual orientation.

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

LAST FIRST

M.I.

Address \_\_\_\_\_

STREET

CITY STATE

ZIP

Telephone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

If you are under 18 years of age, can you provide a work permit? ☐ YES ☐ NO

If no, please explain \_\_\_\_\_

Have you ever been employed here before? ☐ YES ☐ NO

If yes, what position and when? \_\_\_\_\_

Are you legally eligible for employment in this country? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

If yes, please provide date(s) and details \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

### EDUCATION

| Type of School | Name and Address | Major | Graduated | Degree |
|----------------|------------------|-------|-----------|--------|
| Grade School   |                  |       |           |        |
| High School    |                  |       |           |        |
| College        |                  |       |           |        |

## EMPLOYMENT HISTORY

Please account for all periods of time not covered by education and military service.  
List present or last employer first.

| Employed by:      | Month/Year | Job Title and Duties | Salary | Reason for Leaving |
|-------------------|------------|----------------------|--------|--------------------|
| Name              | From       |                      | Start  |                    |
| Address           |            |                      | Last   |                    |
| Supervisor's Name |            |                      |        |                    |
| Name              | From       |                      | Start  |                    |
| Address           |            |                      | Last   |                    |
| Supervisor's Name |            |                      |        |                    |
| Name              | From       |                      | Start  |                    |
| Address           |            |                      | Last   |                    |
| Supervisor's Name |            |                      |        |                    |

## PERSONAL REFERENCES

|              |  |           |
|--------------|--|-----------|
| Name Address |  | Telephone |
| Name Address |  | Telephone |
| Name Address |  | Telephone |

**I certify that the above information, to the best of my knowledge and belief, is true, correct, and complete. I understand that station employment is "At Will", which means either the employee or the station may terminate employment at anytime, with or without cause, with or without notice.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date