

Bartlesville Radio
KWON
1400 • 93.3 • 95.1
NewsTalk

 **KYFM**
BRIGHT STAR
100.1
Your Favorite Music

KRIG
REAL COUNTRY
104.9

KPGM 1500 AM
99.1 FM
SPORTSTALK

Application for Employment

An Equal Opportunity Employer

Date:

Name:

Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security		

Position Applied for _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any physical or mental conditions that may limit your ability to perform the job for which you applied?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If under 18, can you furnish a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you able to travel, if required by the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Have you ever been convicted of a crime, other than simple misdemeanor? YES NO
 If yes, what were the charges? Please explain. (Note: A criminal conviction will not necessarily be a bar to employment. Any relevant factors such as age at the time of the offense. The seriousness and nature of the violation and rehabilitation will be taken into account. Any such smaller should be fully explained below. Attach a separate sheet of paper if necessary).

EMERGENCY CONTACT INFORMATION *(list name of person to be notified in case of an emergency)*

Last Name	First Name	Relationship
Street Address		
City	State	ZIP
Phone Number		

EDUCATION

High School	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	
Other	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree	
Are you pursuing a course of study now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, enter subject & name of institution

PREVIOUS EMPLOYMENT *(Please begin with your most recent employer)*

Company		Phone	
Address		Supervisor	
Your Job Title	Starting Salary	\$	Ending Salary \$
Description of your duties			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Your Job Title	Starting Salary	\$	Ending Salary \$
Description of your duties			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Your Job Title	Starting Salary	\$	Ending Salary \$
Description of your duties			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Skills*PLEASE INDICATE SKILLS OR EQUIPMENT YOU ARE CAPABLE OF PERFORMING OR OPERATING***OFFICE**

Equipment/ Program/Skill	Kind/Type	Speed	Yrs. Exp.	Equipment/ Program/Skill	Kind/Type	Yrs. Exp.
Computer				MS Access		
Typing				Broadcasting - Automation		
Word Processing				Broadcasting - Traffic		
MS Excel				Graphic Design		

OTHER (Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work)

List any professional licenses, certifications, associations or societies, special accomplishments, awards.
(Exclude information which may reveal race, color, religion, age, national origin, sex or handicap)

REFERENCES

Please list two persons familiar with your professional ability whom we may contact. Exclude relatives.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Please list two personal references who have known you for 5 years or more. Exclude former employers and relatives.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

REMARKS

Please summarize any addition necessary to describe your qualifications.



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I certify that the answers I have given to the foregoing questions and statements are true and correct, without mental reservation of any kind, and I authorize KWON/KYFM/KRIG/KPGM to verify them. If employment is obtained under this application, I will comply with all orders, rules and regulations of the company. If upon investigation, anything in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment. I understand and agree that this employment application by itself or together with other company documents, policy statements, employment manuals or other materials does not create a contract of employment between myself and KWON/KYFM/KRIG/KPGM. I understand that any employment with KWON/KYFM/KRIG/KPGM is "at will" and is not permanent in nature. Accordingly, I understand that I may voluntarily resign any employment that I may have with KWON/KYFM/KRIG/KPGM at any time for any reason or no reason whatsoever, and that KWON/KYFM/KRIG/KPGM may terminate any employment I may have with it at any time for any reason or no reason whatsoever.

APPLICANT - PLEASE SIGN AND DATE:

Signature: _____ Date: _____

KWON/KYFM/KRIG/KPGM - KCD Enterprises, Inc, is an equal opportunity employer. KWON/KYFM/KRIG/KPGM seeks and employs qualified persons in all job classification and positions without discrimination on the basis of race, color, religion, age, national origin, sex or handicap disability. Such discrimination is prohibited by law. If you believe you have been discriminated against, you may notify Federal Communications Commission or the Equal Opportunity Commission.



**AUTHORIZATION FOR KWON/KYFM/KRIG/KPGM
TO OBTAIN EMPLOYMENT INFORMATION**

I hereby grant permission and authorization to KCD Enterprises, Inc. d/b/a KWON/KYFM/KRIG/KPGM to contact my present and former employers to obtain any and all information regarding my employment.

I release KCD Enterprises, Inc. and the other employees from any liability whatsoever in providing Information in response to these contacts.

A copy of this authorization and release shall operate as an original and constitutes full authorization for the present and former employers to provide the information to KCD Enterprises, Inc./KWON/KYFM/ KRIG/KPGM.

Signature

Date



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EEO Data Form

Completion of information below is voluntary

Note: The data requested by this form will assist us in complying with equal employment opportunity obligations, as set forth by FCC regulations. This form will be maintained in a file separate from your resume and/or Employment application. The information you provide on this form will not be available to the person who evaluates your employment application, and will not be used in any way in determining whether to offer you employment.

Name _____ **Date** _____

Please indicate source of referral to KWON/KYFM/KRIG/KPGM:

- Walk-in
- Current KWON – KYFM – KRIG – KPGM Employee
- Educational Institution
- Media Advertisement
- Other, Please Specify _____

Race:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black, not of Hispanic Origin
- Hispanic or Spanish-surnamed
- White, not of Hispanic Origin

Sex: Male Female