



South Texas Public Broadcasting System, Inc. is an Equal Opportunity Employer and considers employment applicants solely on the basis of qualifications for the job without regard to race, sex, religion, color, creed, national origin or handicap. Such discriminatory practices are specifically prohibited by law. If you believe your equal employment rights have been violated, you may contact the Federal Communications Commission, the Equal Employment Opportunity Commission or the appropriate state or local EEO agency.

PERSONAL

DATE:

Name (last name, first): _____

Present Address: _____

City: _____

Zip: _____

Telephone Number: (_____) _____

List other names under which you have been employed: _____

Are you over 18 years of age: Yes No

Are you legally eligible for employment in the U.S.? Yes No

JOB AND AVAILABILITY

Job Applying For: _____

Expected Wage: \$_____

Status Preferred: Full Time Part Time Temporary

Hours Available: Days Evening Nights Weekends

If you were employed here before, please provide the date(s)/job title(s):

Relatives Employed Here: Name(s)/Department(s):

Skills/Where related to position: Typing: WPM: ____ Shorthand: WPM: ____ 10 Key: ____
 PBX: Cash Register: Dictation Machine:

Computer Skills (List software you have used):

EDUCATION

Check the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Year left primary or secondary school: 19 ____ Name of School: _____

City: _____ State: _____

College or University:

Name of School: _____

Address: _____ City/State: _____

Check the highest completed: 1 2 3 4 5 6 7 Degree: Yes No

Major: _____

Dates Attended: _____ to _____

Business or Technical School:

Name of School: _____

Address: _____ City/State: _____

Circle highest year completed: 1 2 3 4 5 6 7

Course of study: _____

Completed Program: Yes No

Dates Attended: _____ to _____

GENERAL INFORMATION

Have you ever been convicted of a felony related to your ability to perform in the job for which you are applying?

Yes No

If yes, please explain. (Conviction record is not necessarily a bar to employment. Relevant factors will be evaluated.)

Do you have any physical/mental impairments that you foresee would prohibit or limit you from performing the duties of the position you are applying for? Yes No

If yes, give explanation: _____

EMPLOYMENT HISTORY (Must be completed even if attaching resume.)

Firm Name: _____

Address: _____

City/State: _____

Telephone: _____

Supervisor's Name: _____

Dates Employed: _____ to _____

Hourly Wage: Start: _____ End: _____

Job Title and Duties: _____

Reason for Leaving: _____

May we contact: Yes No If no, why not? _____

Primary shift worked: Day Evening Night

Firm Name: _____

Address: _____

City/State: _____

Telephone: _____

Supervisor's Name: _____

Dates Employed: _____ to _____

Hourly Wage: Start: _____ End: _____

Job Title and Duties: _____

Reason for Leaving: _____

May we contact: Yes No If no, why not? _____

Primary shift worked: Day Evening Night

Firm Name: _____

Address: _____

City/State: _____

Telephone: _____

Supervisor's Name: _____

Dates Employed: _____ to _____

Hourly Wage: Start: _____ End: _____

Job Title and Duties: _____

Reason for Leaving: _____

May we contact: Yes No If no, why not? _____

Primary shift worked: Day Evening Night

Do you have a language skill other than English that may be of use in your employment?

Yes No If yes, please indicate: _____

Make any additional comments you believe should be considered.

RECRUITMENT INFORMATION

What brought you to this organization:

- | | | | |
|------------------------|--------------------------|-------------|--------------------------|
| Current Employee | <input type="checkbox"/> | Referral | <input type="checkbox"/> |
| Newspaper Ad | <input type="checkbox"/> | Magazine Ad | <input type="checkbox"/> |
| Agency | <input type="checkbox"/> | Walk-In | <input type="checkbox"/> |
| Contacted by Recruiter | <input type="checkbox"/> | Other | <input type="checkbox"/> |

PLEASE TURN TO THE NEXT PAGE

ACKNOWLEDGEMENT

(Important, read carefully)

1. I understand that my application will be considered active for ninety (90) days from date of completion and that a completed application does not constitute an employment agreement. If not hired during this period of time, I may complete another application.
2. I understand that this application and any attachments are the property of the South Texas Public Broadcasting System, Inc.
3. If employed, I agree to be bound by the rules and policies of the organization as made known to me at the time of employment or at any subsequent time, and further understand that I will be in an orientation period for ninety (90) days.
4. I understand that I may be required to work varying hours including days, evenings, nights, weekends, and holidays as my particular position necessitates.
5. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.
6. I understand that any false statement, misrepresentation, or omission of fact shall be sufficient cause for rejection of the application, or for dismissal if such false statement is discovered subsequent to my employment.
7. In the event that I am employed by South Texas Public Broadcasting System, Inc., I acknowledge that the employment is one at will and that my employment may be terminated by South Texas Public Broadcasting System, Inc. at any time, with or without cause and with or without notice.

SIGNATURE OF APPLICANT: _____ DATE: _____

RELEASE OF DATA

I hereby authorize any prior employers, educational institutions, law enforcement agencies, or credit reporting companies to provide to the representatives of the South Texas Public Broadcasting System such information, transcripts, records, or official copies, etc., as may be needed by the organization.

The following information is needed for employees who will be driving company vehicles:

Driver's License Number: _____

Name on Driver's License: _____

Driving Record for past three Years: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE TURN TO THE NEXT PAGE

APPLICANT EEO INFORMATION

South Texas Public Broadcasting System, Inc. is an affirmative action, equal opportunity employer. Please complete this form in order to help us evaluate the effectiveness of our EEO recruitment practices with respect to members of racial minority groups and women. The information on this form will be kept confidential file separate from your application and will have no bearing on your consideration as a candidate for employment. We will use this information only to complete reports legally required by the Federal Communications Commission and for internal assessments of our recruitment practices. Your cooperation is appreciated.

Name: _____

Date: _____

1. Please check the entry that best defines your race:

- White, not Hispanic origin - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black, not Hispanic origin - A person having origins in any of the black racial groups of Africa.
- Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, South East Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (if no cultural identification is maintained, check "White").

2. Sex: Male Female

Position for which you are applying: _____

Where or from whom did you learn about the position opening? _____