

APPLICATION FOR EMPLOYMENT

Eagle's Nest, Inc.

This station is an equal opportunity employer. This station seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, religion, sex, national origin, age or disability. 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.

<u>LAST NAME</u>			<u>FIRST NAME</u>		<u>M.I.</u>	<u>SOCIAL SECURITY NO.</u>			
<u>STREET ADDRESS</u>				<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>		<u>TELEPHONE</u>	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION DESIRED:			SALARY DESIRED:		DATE AVAILABLE:	
Do You Have an FCC Restricted Radio Telephone Operator Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO						Word/Data Processing Equipment You Can Operate			
Do You Have the Ability to Perform the Specific Job Functions of the Position Which You Are Applying? If Yes, Are You Able To Perform These Tasks With or Without an Accommodation? If You Can Perform These Tasks With an Accommodation, How Would You Perform These Tasks, and With What Accommodation?						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are You Legally Eligible for Employment in the U.S.?						<input type="checkbox"/> YES <input type="checkbox"/> NO			
Have You Ever Been Convicted of a Felony? If Yes, Please Explain. (Conviction Record is Not Necessarily a Bar to Employment. Relevant Factors Will Be Evaluated.)						<input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYMENT HISTORY. LIST ALL EMPLOYMENT SINCE HIGH SCHOOL, LAST POSITION FIRST.									
NAME OF EMPLOYER		FROM (MO/YR)		TO (MO/YR)		POSITION		SUPERVISOR	REASON FOR LEAVING
1)									
2)									
3)									
4)									
5)									
6)									
LIST EDUCATION, TRAINING AND EXPERIENCE RELEVANT TO THE POSITION APPLIED FOR									
1) _____									
2) _____									
3) _____									
4) _____									
5) _____									
6) _____									

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

SIGNATURE OF THE APPLICANT

DATE