

EDUCATIONAL INFORMATION:

| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|--------------------|---------------------------|-----------------|------------------------|-------------------|-------------------|
| College | | | | | |
| College | | | | | |
| Vocational / Trade | | | | | |
| High School | | | | | |

EMPLOYMENT: PLEASE COMPLETE ALL INFORMATION, EVEN IF YOU ARE ATTACHING A RESUME.

Start with present or most recent employer. If you would like to add more experience than space permits, please attach additional information. Programming Applicants- please submit a demo tape along with your Application for Employment.

| | |
|----------------------------------------|---------------------------------|
| (1) Company Name | Telephone |
| | () |
| Address / City / State | Employed (Month and Year) |
| | From To |
| Name of Supervisor | Pay |
| | Start Last |
| State Job Title and Describe Your Work | Reason for Leaving |

| | |
|----------------------------------------|---------------------------------|
| (2) Company Name | Telephone |
| | () |
| Address / City / State | Employed (Month and Year) |
| | From To |
| Name of Supervisor | Pay |
| | Start Last |
| State Job Title and Describe Your Work | Reason for Leaving |

EMPLOYMENT (continued)

| | |
|----------------------------------------|-----------------------------------------------------------|
| (3) Company Name | Telephone () |
| Address / City / State | Employed (Month and Year) From To |
| Name of Supervisor | Pay Start Last |
| State Job Title and Describe Your Work | Reason for Leaving |

| | |
|----------------------------------------|-----------------------------------------------------------|
| (4) Company Name | Telephone () |
| Address / City / State | Employed (Month and Year) From To |
| Name of Supervisor | Pay Start Last |
| State Job Title and Describe Your Work | Reason for Leaving |

We may contact the employers listed above unless you indicate those you do not want us to contact. DO NOT CONTACT: Employer Number(s) _____ Reason: _____

REFERENCES: (List three references other than relatives) **EVEN IF YOU ARE ATTACHING A RESUME**

- (1) _____
Name Relationship Telephone
- (2) _____
Name Relationship Telephone
- (3) _____
Name Relationship Telephone

SIGNATURE:

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that this application may be considered for up to : months and if I wish to be considered for employment thereafter, it is my responsibility to submit another application to Signa Media.

Signature

Date

SIGNAL MEDIA OF ARKANSAS, INC.

SELF IDENTIFICATION FORM

We, as an employer, wish to comply with various laws and regulations which require us to file statistical reports on applicants for employment. 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. Your cooperation is appreciated.

NAME: _____ DATE: _____
(Please Print)

POSITION FOR WHICH YOU ARE APPLYING: _____

1. Person, Agency, Specific Publication or Organization who referred you to this Company?

2. Applicant's Sex: _____ Female

_____ Male

3. Applicant's Race / Ethnic Background:

_____ African-American, not of Hispanic Origin

_____ American Indian or Alaska Native

_____ Asian or Pacific Islander

_____ Hispanic or Spanish-Surnamed

_____ White, not of Hispanic Origin



Authorization For Release Of Information For Background Investigation

In consideration of my application for (including contract for services), or continued employment with **Signal Media Corporation - KKPT 94.1 (#11-01-B44-02)**, I authorize Omnia Background Search, a Florida corporation, and specialist in background checks and hereinafter referred to as OBS, acting on its own or as an agent of any other company or organization and their respective agents, to conduct and report research and share with each other, information about my background including, but not limited to, information about my prior employment, education, driving record, consumer credit history, criminal record, workers compensation claims and general public records history.

Further, I understand that an investigative consumer report may be requested from various Federal, State, Local and other agencies. I understand that such an investigative report may contain information about my background, mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY PERSONS, AGENCY OR OTHER ENTITY CONTACTED BY OBS TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I understand that any investigative consumer report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I understand that OBS, in agreement with its Client, does not engage in the marketing or reselling of personal information. I release Signal Media Corporation - KKPT 94.1 and Omnia Background Search, their respective officers, directors, employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

The information requested below is needed for the purpose of positive identification and to complete verification procedures (Please print clearly).

| | | | | | | | |
|--------------------------|---------------|----------|------------------------------------|--------|-------|-----------------------|-------|
| Name (Mr Ms Mrs) (First) | | (Middle) | | (Last) | | (Suffix: Jr, Sr, III) | |
| Social Security Number | Date of Birth | Race | Other Names Used (maiden, aliases) | | | | |
| Drivers License Number | | | State Issued | | | | |
| Present Address | Street | Apt. # | City | County | State | Zip | Dates |
| Prior Address #1 | Street | Apt. # | City | County | State | Zip | Dates |
| Prior Address #2 | Street | Apt. # | City | County | State | Zip | Dates |

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

(Revised Form-01/2004)

SIGNAL MEDIA OF ARKANSAS, INC.

ADDENDUM TO EMPLOYMENT APPLICATION

I, _____ certify that all my statements and representations made in my employment application, resumes and interviews submitted to Signal Media of Arkansas, Inc. ("Signal") are true and correct, and I have withheld no relevant information which would, if disclosed, adversely affect my application. I understand that Signal relies upon such statements and representations in making its employment decisions. I authorize Signal to undertake, or cause to be undertaken, an investigation(s) to cover, without limitation, one or more of the following items:

1. the obtaining information concerning my educational background from any institution or other source;
2. the obtaining of information concerning my employment history (including United States military service, if applicable), from any prior employer or other source;
3. the obtaining of information concerning me, if any, which may be obtained from public records;
4. the obtaining of a credit report concerning me;
5. the obtaining of a consumer investigative report. In this regard, I acknowledge the following disclosure was made to me by Signal in accordance with the Fair Credit Reporting Act, Public Law 91-508:

The Company may request an investigation which would provide Information concerning your character, general reputation, personal Characteristics and mode of living, and that if one is made, additional information as to the nature and scope of the report will be furnished to you upon your written request.

I authorize all persons, institutions, prior employers, organizations and companies to furnish any and all pertinent information known to them about me, and all such parties can rely on the photocopy of this Addendum as if it were an original. I further authorize Signal to furnish information contained on my Employment Application to any third party to aid Signal in making its employment decision concerning me.

Date

Signature of Applicant

Social Security Number

Street Address

Drivers License No./State

City/State/ZIP