

APPLICATION FOR EMPLOYMENT

SIGNAL MEDIA OF ARKANSAS, INC.
KABZ FM - KKPT FM - KBZUFM
 2400 Cottdale Lane, Little Rock, Arkansas 72202
 (501) 664-9410 (501) 664-5871 (FAX)

SIGNAL MEDIA IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER. *It is our policy not to discriminate in employment and personnel practices because of race, color, religion, sex, national origin, age or disability. Discriminatory employment practices are specifically prohibited by the Federal Communications Commission. If you believe your equal employment rights have been violated, you can contact the FCC, Washington, D.C., 20054 or other appropriate state or local agencies.*

PERSONAL INFORMATION:

Last Name / First / Middle	Date of Application
Air Name (if applicable)	Social Security No.
Street Address	Home Phone ()
City, State, Zip	Business Phone ()
Position Desired	Acceptable Salary
Please list person, agency or organization that referred you to this Company.**	
Have you previously been employed with this Company? If so, when:	Position:
(Circle One) Are you available for full-time work? Yes No If not, what hours can you work? _____ Will you work overtime if asked? Yes No Are you a U.S. Citizen or Permanent Resident Alien? Yes No If not, what is your immigration status? _____ If hired, when will you be available to begin work? _____	
Do you smoke cigarettes, cigars, or pipes? _____	Do you use illegal drugs? _____
Have you ever been convicted of an offense other than a minor traffic violation? _____ <i>(the existence of a criminal record does not mean you are automatically barred from employment with this Company)</i>	If so, describe:
List the memberships you hold in any professional groups that you feel would be relevant to the job for which you have applied:	
What special skills, talents, licenses, etc., do you possess that would help qualify you for the job for which you have applied?	

** MUST BE COMPLETED

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

AUTHORIZATION TO RELEASE INFORMATION
(To be completed by applicant)

I am a serious applicant for employment at _____ (the "Company"). As such, I hereby authorize the Company to obtain background check information, including consumer reports and investigative consumer reports, about me from First Choice Drug Testing & Occupational Health ("First Choice"), ClearStar Logistics, and their vendors for employment purposes as described in the Disclosure above, at any time prior to or during my employment, if applicable, and without giving me any further notice. To this end, I hereby authorize, without reservation, any credit bureau, creditor, employer, coworker, supervisor, customer, institution, school, college, university, license or certificate granting entity, state department of motor vehicles, state department of revenue, court, governmental agency, law enforcement agency, information service bureau, insurance company, other record-keeping agency, person, administrator, organization, company, corporation, entity, and any other information source, to furnish any and all background information requested by ClearStar Logistics, PO Box 1003, Cumming, GA 30028, 877-796-2559, www.clearstar.net, another third-party acting on behalf of Company, and/or Company itself, and regardless of whether the requested information was received from another source. I agree that a copy of this Authorization shall be as valid as the original.

I understand that this information is confidential and that disclosure of this information to me and to others will be governed by Company policy and applicable law. I understand that upon written request to the Company I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the Company, a copy of this authorization will be provided to me.

I also understand that I have rights under the Fair Credit Reporting Act, a notice of which has been provided to me by either the Company or First Choice acting on its behalf for this sole purpose along with the Disclosure above. This authorization will remain in effect throughout the term of employment. I have read and understand all of the preceding statements and the provided documents.

Signature _____ Date _____

Full Name (print clearly): _____

Last

First

Middle

Other Last Names Used: _____ Date of Birth: _____

Social Security Number (Print Clearly): _____ Race/Sex (Optional): _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Driver's License Number _____ State Issued: _____

Have you lived in any other city/state and country during the past 7 years? YES ___ NO ___ If "YES" please list all cities/states and countries below.

May we contact your current employer now? YES ___ NO ___ (If No, we will wait to contact your current employer last and notify you before doing so).

Have you ever been fired from a job or resigned to avoid dismissal? YES ___ NO ___ If "YES", please explain below.

Have you ever plead guilty or *nolo contendere* or been convicted of a crime other than minor traffic violations? (Drunk, reckless or hit-run driving are not minor violations). Include any convictions by military trial. List ALL reportable convictions (including guilty pleas and fines paid). Failure to admit may be cause for disqualification. Use the back of this form if additional space is needed.

MUST INDICATE YES/NO: YES _____ NO _____

<u>Offense</u>	<u>Date of Conviction</u>	<u>City, State</u>	<u>Sentence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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