



INTERN APPLICATION

DATE OF APPLICATION: _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE
DATE AVAILABLE		DAY AND/OR HOUR LIMITATIONS
INDICATE CHOICE OF DEPARTMENT		

PRESENT ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBERS:
HOME ADDRESS IF DIFFERENT FROM ABOVE				

SKILLS AND LICENSES

<input type="checkbox"/> COMPUTER <input type="checkbox"/> CALCULATOR <input type="checkbox"/> SWITCHBOARD <input type="checkbox"/> OTHER <input type="checkbox"/>	FOREIGN LANGUAGES _____ SPECIAL TRADES OR SKILLS _____	FCC LICENSES <input type="checkbox"/> GENERAL RADIO TELEPHONE OPERATOR <input type="checkbox"/> RESTRICTED RADIO TELEPHONE OPERATOR <input type="checkbox"/> AMATUER BROADCAST
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EDUCATION

LIST ANY HIGH SCHOOL, COLLEGE OR GRADUATE SCHOOL ATTENDED	LOCATION ATTENDED (CITY/STATE)	NUMBER OF YEARS	MAJOR	DEGREE

EMPLOYMENT HISTORY

PREVIOUS EMPLOYER/ADDRESS	FROM	TO	
			DUTIES
			DEPARTMENT SUPERVISOR
			TELEPHONE NUMBER
			REASON FOR LEAVING

PREVIOUS EMPLOYER/ADDRESS	FROM	TO	
			DUTIES
			DEPARTMENT SUPERVISOR
			TELEPHONE NUMBER
			REASON FOR LEAVING

GENERAL INFORMATION: (Circle the correct answer)

Have you ever been employed by WJBK/Fox 2?

YES

NO

If yes, when _____

Do you have any immediate family employed by WJBK/Fox 2?

YES

NO

If yes, in what capacity? _____

Do any immediate family members work for any other broadcasting systems, radio or TV station?

YES

NO

Relationship: _____

If yes, in what capacity? _____

Have you ever been convicted of a crime other than a minor traffic violation?

YES

NO

Are you presently enrolled in a college or university?

YES

NO

Enter name of school where enrolled, course of study and estimated date of completion:

Do you have any physical or mental condition of handicap that may limit your ability to perform the job applied for? YES NO

If yes, what can be done to accommodate your limitations?

List the name and phone number of two personal references:

I HEREBY ACKNOWLEDGE THAT:

I have answered all questions truthfully and completely. I understand that any falsification of information may be grounds for my dismissal, without regard to lapse of time prior to discovery.

I understand that any employment offered to me will be at the will of the company and may be terminated at any time.

I agree that, if employed, all ideas or inventions or any creative work in the fields of literature, drama, music or program format developed alone or in conjunction with others, under the supervision of WJBK Fox 2, or submitted to WJBK Fox 2 while employed at WJBK Fox 2 will become the property of WJBK Fox 2.

Signature of Applicant

Date

FEDERAL LAW AND THE RULES OF THE FEDERAL COMMUNICATIONS COMMISSION (FCC) PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, AGE, NATIONAL ORIGIN OR SEX. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, IT IS YOUR RIGHT TO NOTIFY THE FEDERAL COMMUNICATIONS COMMISSION, THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OR OTHER APPROPRIATE AGENCIES.