

Application for Employment

Nicolet Broadcasting, Inc. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Position Applying For:		Date of Application:	
Name (Last, First, Middle):			
Street Address:			
City, State & Zip:			
Social Security Number:	Home Phone:	Cell Phone:	Email Address:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for a position or worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, please give dates applied and/or position held.	
On what date would you be available to work?		Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license in the state you will be working in? (Some positions may require a valid driver's license.) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____		
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <small>Proof of citizenship or immigration status will be required upon employment</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? <small>Conviction will not necessarily disqualify an applicant from employment</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
<u>How Did You Learn About Us?</u>			
<input type="checkbox"/> Radio _____ <input type="checkbox"/> Walk In <input type="checkbox"/> Internet Site _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Trade Publication _____			

GENERAL INFORMATION

Subjects of special study/research work or special training/skills:		
U.S. Military or Naval Services:	Branch:	Rank:

EMPLOYMENT EXPERIENCE Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment.

PLEASE NOTE: Nicolet Broadcasting, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed From:	To:	Title:
Employer Name and Address:		
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary Duties:		
Dates Employed From:	To:	Title:
Employer Name and Address:		
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary Duties:		
Dates Employed From:	To:	Title:
Employer Name and Address:		
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary Duties:		
Dates Employed From:	To:	Title:
Employer Name and Address:		
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary Duties:		

EDUCATION

Name of School	City/State	Years Completed	Course Study	Diploma or Degree
High School:				
Undergraduate College:				
Graduate Professional:				
Other (Specify):				
Other (Specify):				

WORK – RELATED REFERENCES

Name	Address	Phone	Relationship	Years Known

ADDITIONAL INFORMATION

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

State any additional information you feel may be helpful to us in considering your application.

Specialized Skills – Please check any of the following skills you possess.

Typing _____ WPM

Computer (Please list any software and/or operating systems you have worked with) _____

General Office Equipment (Please list what equipment you have worked with, ie. Fax machine, copier, etc.) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This includes conducting reference checks of all previous and current employers. I also understand and authorize that a background check may be conducted prior to, during, or after employment as deemed necessary by the employer to make employment decisions, and that the information contained therein may be considered in making decisions as related to the job function. I also release the company from all liability for any damage that may result from utilization of such information. In addition, I understand and authorize that if I am offered and accept employment with Nicolet Broadcasting, Inc. that I may be required to undergo drug/alcohol testing if it is suspected by a supervisor or manager that I am under the influence of drugs or alcohol while on the job.

I herby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign and the Employer may discharge Employee at any time with or without cause. I also understand and agree that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

In the event of employment, I understand that false or misleading information given in my application, resume or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____