

Gray Television, Inc.

Application for Employment

Please Read Carefully-Write Clearly-Answer All Questions

AN EQUAL OPPORTUNITY EMPLOYER

Gray Television Inc. is an equal opportunity employer. Gray considers applicants for all positions without regard to race, color, religion, sex, national origin, pregnancy, service in uniformed services, disability, age or any other characteristics protected by applicable state and federal law.

Position Related Information

Station/Location: _____
Address: _____
Telephone No.: _____
Position Applied for: _____
Date of Application: _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____
Social Security Number: _____ - _____ - _____ Home Phone: (_____) _____ - _____
Present Street Address: _____
City: _____ State: _____ Zip: _____

Have you ever worked for Gray Television Group, Inc. or any of its subsidiaries? _____ yes _____ no

If yes,
please indicate date (month/year): _____
please indicate location (city/state): _____
please indicate your previous position: _____

Have you ever worked for Gray Television Group, Inc. using another name? _____ yes _____ no

If yes, please give the name previously used: _____

Availability to Work

Date available to start: _____

Full-Time Shift-Work Temporary (short term)

Overtime: ____yes ____no

Hours Available		
Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

General Information

How did you learn about us?

Advertisement Relative Employment Agency Friend Walk-in

Other: _____

Do you have the legal right to work and be employed in the U.S.? ____yes ____no

(Proof of identity and legal authority to work in the United States is a condition of employment).

Are you at least 18 years of age? ____yes ____no

If operation of a vehicle is required by the job, do you have a valid Driver’s License? ____yes ____no

Do you have a reliable means of getting to and from work? ____yes ____no

Can you travel if required by the job? ____yes ____no

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses) ____yes ____no

Please do not answer “yes” or provide any information about convictions that have been erased, expunged, sealed, pardoned, set aside, vacated, annulled or otherwise eradicated by a court.

(Note: A conviction is not an automatic bar to employment. Each case will be considered on its own merits).

If yes, please describe in full, including a statement of the charge, court, date and disposition of case:

Education/Training and Job Skills

Name and location of school	Course of study	Years completed	Did you graduate?
Elementary/Middle			___yes ___no
High school			___yes ___no ___GED
College			___yes ___no Degree:
Other (such as Vocational, Graduate)			___yes ___no Certificate/Degree:

What business/vocational machines or equipment have you operated? _____

Do you read, write or speak a foreign language? ___yes ___no

If yes, what language? _____

Do you have a professional/trade license or certificate? ___yes ___no

If yes, please specify: _____

Describe any other training or experience that may be relevant to the position for which you are applying:

Prior Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status but explain any other gaps in dates.

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:</i>	___yes ___no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:</i>	___yes ___no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:::</i>	___yes ___no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer::</i>	___yes ___no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

References

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Telephone	Years Known

Position/Job Essential Functions

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? ___yes ___no

APPLICANT'S STATEMENT – TO BE READ AND SIGNED BY THE APPLICANT

1. I have completed this application to the best of my ability and have reviewed it to ensure the accuracy of the information provided in response to the various questions. I understand that the information set forth by me in this application is correct to the best of my knowledge and belief and understand that any omission or misleading or untrue statement by me in this application is grounds to deny me employment or to dismiss me.
2. I understand that use of this application form does not mean that there are any positions available and does not obligate the Company.
3. I understand that the company pre-employment process consists of a completed pre-employment application, an interview, personal/character reference checks and if necessary, a consumer credit report. Any offer of employment after the pre-employment process is completed is a “conditional decision to hire” and is subject to my completion of the post-employment process which consists of a completed post-employment data record and my satisfaction of other requirements as detailed below.
4. I authorize the Company to inquire into my background with regard to my qualifications for employment and I authorize the Company to contact former employers and references for any and all information bearing upon my qualifications for employment. I authorize the references listed, as well as other individuals who are contacted, to provide the other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the employer as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.
5. I understand that any employment with the Company is based on the consent of both the Company and me and that any employment is for an indefinite period and that both the Company and I have the freedom to terminate such employment relationship whenever either chooses to do so, with or without cause and with or without notice. I also understand that no representative of the Company, other than the President of Gray Television, Inc. or the President of any subsidiary, has any authority to enter into any agreement which is contrary to the language of this application.
6. I understand that if employment is offered, it is subject to:
 - a. the Company requiring that I successfully pass a Drug Screen Test which verifies that I am not under the influence of alcohol or an illegal drug. It is the policy of Gray Television Group, Inc. and all its subsidiaries to hire no individual who tests positive for alcohol or an illicit drug.
 - b. my satisfying the employment and eligibility requirements of the Immigration Reform and Control Act of 1986;
 - c. drug screen tests under the Company's Drug Free Workplace Policy;
 - d. my compliance with all Company rules, regulations, orders and policies; and
 - e. a probation period.

Signature of Applicant

Date