

# APPLICATION FOR EMPLOYMENT

## Icicle Broadcasting

Please fill out this application by either typing in the fields or print and fill out. Email completed application to [web@kozi.com](mailto:web@kozi.com) or mail to: Icicle Broadcasting - P.O. Box 819 – Chelan, WA 98816

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Telephone ( ) -			

### POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed

#### College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
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Languages Read, Written or Spoken Fluently Other Than English

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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### SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
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Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Comments:
