

APPLICATION FOR EMPLOYMENT

FOR PERSONNEL USE ONLY
Name _____
Date _____
Route _____



email to : careers@allegiance.tv

We appreciate your interest in our company. This form has been designed to provide us with the information we will need to consider your qualifications. Please do not hesitate to attach any additional information which might be of assistance in considering your application.

PERSONAL DATA

Name in Full		Social Security Number	
Street Address		City, State, Zip	
Telephone Number		How where you referred to us?	
Would you work any Shift? ___ Yes ___ No	Date Available?	Salary Expected	
Position Applied For			

EDUCATIONAL TRAINING

Name of school	Location	Did You Graduate?	Major
High School			
Business or Vocational School			
College or University			
Other School			

Do you plan to continue your education? ___ Day School ___ Night School

SKILLS TRAINING

Use space below for any other experience, skills or qualifications which you feel would especially qualify you for the position you are seeking. (Typing, shorthand, CRT, CATV system, construction, system maintenance, local organizations, FCC licenses held, etc).

REFERENCES

Give the names and addresses of two adults (not relatives or previous employees) who are acquainted with you and to whom we can refer concerning your character and ability.

Name	Address	Telephone	Occupation	No. of years acquainted

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Should I leave my present position after accepting employment, it is understood that Buford Media Group, L.L.C., and/or its affiliates companies ("Company") may supply, in confidence, to any prospective employer, my complete record, with no responsibility therewith attaching to this Company or any of its staff.

In signing this application, I certify that the information I have supplied in this application is complete and correct, and I hereby authorize Company to investigate all statements and references given herein and, if found to be false, I agree that this will constitute sufficient grounds for dismissal.

I understand that I must satisfactorily complete a required probationary period of employment. Definition of "probationary period of employment" is defined in published company Policies and Procedures. In consideration of my employment I agree to conform to the rules and regulations of Company and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission at any time during or subsequent to my employment, any knowledge not already available to the public, respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques and processes, sales promotions and ideas, customer lists or other private or confidential matters of the Company.

I hereby grant permission to all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background and release them and Company and it's employees from any and all responsibility arising from their doing so.

Signature of Applicant _____

Date _____

Federal Law prohibits discrimination on the basis of race, color, creed, national origin, religion, sex and age. If you feel you have been discriminated against, you may notify the FCC, Equal Employment Commission, or other appropriate State, Federal or Local Agency.

Interviewer's Comments	Date of Interview _____
Signature	

PLEASE DO NOT WRITE YOUR NAME ON THIS PAGE!!!

Notice to the Applicant

We are required to collect the following information in order to comply with our responsibilities under federal laws relating to equal employment opportunity. You are not required to provide this information. If you do provide it, please be assured that it will not be used in processing this application or in this or any subsequent employment decision.

1. Position for which you are applying _____

2. Date of Application _____

3. Please check any that apply to you:

_____ Male _____ Black _____ Hispanic

_____ Female _____ White _____ Asian/Pacific Islander

_____ American Indian _____ Other

4. Zip code from your home address _____

EOE/M/F/D