



**AM830 KLAA**  
**2000 GENE AUTRY WAY**  
**ANAHEIM, CA 92806**  
**714-940-2000**

- **EVEN IF YOU SUBMIT A RESUME, PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.**
- Please omit any information revealing personal identifiers such as, but not limited to, your age, gender, race, religion or national origin.
- It is the company's policy to provide Equal Employment Opportunity in conformance with applicable laws.
- In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States, WHICH IS CONFIRMED UPON HIRE THROUGH THE USE OF E-VERIFY.

**PLEASE PRINT OR TYPE**

Name (Last, First, Middle Initial)			Date
Address	City	State	Zip Code
			Telephone ( )
Email Address			Cell Phone ( )

**EMPLOYMENT INTEREST**

For what position are you applying?	Starting Salary/Wage Expected? \$ per
When will you be available to work?	How were you referred?
Have you ever been employed by AM830 KLAA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Which Department?
We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety or morale, or if doing so could create conflicts of interest. Do you have any relatives or acquaintances employed by AM830 KLAA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name? Department?	

**EDUCATIONAL HISTORY**

School	Name of School	Location of School (City and State)	Major	Level Completed	Type of Degree or Certificate Received
High School				9 10 11 12	
Community College/Trade				1 2 3 4	
College/University				1 2 3 4	
Graduate				1 2 3 4	
Other Training/Certificates					
Computer Skills	<input type="checkbox"/> MS Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Photoshop <input type="checkbox"/> Other _____				

**PERSONAL DATA**

If hired, can you present evidence of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>This organization participates in E-Verify.</b>	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Optional: Many of our customers do not speak English. Do you speak any foreign languages? If so, what languages and what is your fluency? <input type="checkbox"/> Yes <input type="checkbox"/> No  Fluency:
The information requested below is necessary for the specific position for which you are applying. No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.  Any information regarding criminal history will be maintained confidentially.  Have you ever been convicted of a criminal offense (including but not limited to: a felony, serious misdemeanor or DUI)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially expunged, dismissed or ordered sealed pursuant to law need not be listed.) <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, state the nature of the crime(s), when and where convicted, and disposition of the case below.		

## EMPLOYMENT HISTORY

EVEN IF YOU SUBMIT A RESUME, PLEASE LIST YOUR WORK EXPERIENCE BELOW, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER.  
PLEASE INDICATE ANY SUMMER, PART-TIME, OR VOLUNTEER EXPERIENCE.

Present or Most Recent Employer	From Mo/Yr	To Mo/Yr	Job Title - Start
Address	Starting Salary/Wage per week		Job Title – Present/Termination
City                      State                      Zip			Reason for Leaving or Wanting to Leave
Name of Immediate Supervisor	Ending Salary/Wage per week		Major Responsibilities
Phone Number			
Title	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Past Employer	From Mo/Yr	To Mo/Yr	Job Title - Start
Address	Starting Salary/Wage per week		Job Title – Present/Termination
City                      State                      Zip			Reason for Leaving or Wanting to Leave
Name of Immediate Supervisor	Ending Salary/Wage per week		Major Responsibilities
Phone Number			
Title	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Past Employer	From Mo/Yr	To Mo/Yr	Job Title - Start
Address	Starting Salary/Wage per week		Job Title – Present/Termination
City                      State                      Zip			Reason for Leaving or Wanting to Leave
Name of Immediate Supervisor	Ending Salary/Wage per week		Major Responsibilities
Phone Number			
Title	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Past Employer	From Mo/Yr	To Mo/Yr	Job Title - Start
Address	Starting Salary/Wage per week		Job Title – Present/Termination
City                      State                      Zip			Reason for Leaving or Wanting to Leave
Name of Immediate Supervisor	Ending Salary/Wage per week		Major Responsibilities
Phone Number			
Title	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Past Employer	From Mo/Yr	To Mo/Yr	Job Title - Start
Address	Starting Salary/Wage per week		Job Title – Present/Termination
City                      State                      Zip			Reason for Leaving or Wanting to Leave
Name of Immediate Supervisor	Ending Salary/Wage per week		Major Responsibilities:
Phone Number			
Title	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

PLEASE INDICATE ANY ADDITIONAL INFORMATION IN THE BLANK SPACE ON PAGE 3 OF THIS APPLICATION



**Certification and Agreement – Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
**Initials**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement or material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
**Initials**

I hereby authorize AM830 KLAA (“the Station”) to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Station, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure

\_\_\_\_\_  
**Initials**

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Station. In addition, I understand that employment is “At Will” and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Station, and that no promises or representations contrary to the foregoing are binding on the Station unless made in writing and signed by me and the Station’s designated representative.

\_\_\_\_\_  
**Initials**

I hereby authorize the company to obtain consumer reports, consumer credit reports and/or investigative consumer reports about me through a consumer reporting agency, including a search of criminal records and verification of my education and employment history, in connection with this application or during my employment if hired. I have authorized or will be authorizing the obtaining of such reports.

\_\_\_\_\_  
**Initials**

I understand that as a condition of employment, I may be required to take and pass a drug and alcohol test and/or a post-offer physical examination prior to my employment, in accordance with the company’s policy, and consent to such testing.

\_\_\_\_\_  
**Initials**

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Station, **I am entitled to copies of any such public records obtained by the Station unless I mark the box below.** If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**THANK YOU FOR YOUR INTEREST IN AM830 KLAA. WE APPRECIATE THE TIME YOU HAVE TAKEN IN PREPARING THE APPLICATION.**