



1570 LOOKOUT DRIVE  
 P.O. BOX 128  
 MANKATO, MN 56002-0128  
 PHONE: 507-625-7905  
 FAX: 507-625-5745  
 E-MAIL: KEYC@KEYC.COM

KEYC TELEVISION WELCOMES YOU AS AN APPLICANT. IT IS THE POLICY OF THIS STATION TO PROVIDE EQUAL OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS. KEYC WILL NOT DISCRIMINATE IN ITS EMPLOYMENT AND PERSONNEL PRACTICES BECAUSE OF A PERSON'S RACE, COLOR, CREED, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, OR STATUS WITH REGARD TO PUBLIC ASSISTANCE. DISCRIMINATORY EMPLOYMENT PRACTICES ARE SPECIFICALLY PROHIBITED BY THE FEDERAL COMMUNICATIONS COMMISSION. IF YOU BELIEVE YOUR EQUAL EMPLOYMENT RIGHTS HAVE BEEN VIOLATED, YOU MAY CONTACT THE FCC AT 1919 M. ST. N.W., WASHINGTON, DC 20554, OR YOU MAY CONTACT ANOTHER APPROPRIATE STATE OR LOCAL AGENCY.

BE ADVISED THAT IF YOU ARE OFFERED A POSITION IN CONNECTION WITH THIS APPLICATION, YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREEN. FAILURE TO CONSENT TO SUCH A SCREEN OR NOT HAVING THE TEST CONDUCTED WITHIN 12 HOURS OF THE OFFER, OR A VERIFIED POSITIVE DRUG TEST, WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION.

DO YOU HAVE THE ABILITY TO PERFORM THE SPECIFIC JOB FUNCTIONS OF THE POSITION FOR YOU WHICH YOU ARE APPLYING? \_\_\_\_\_. UPON REQUEST, ACCOMMODATIONS WILL BE PROVIDED TO APPLICANTS IN ACCORDANCE WITH AMERICAN DISABILITIES ACT (ADA).

**PERSONAL INFORMATION**

POSITION APPLIED FOR: \_\_\_\_\_ FULL-TIME \_\_\_ PART-TIME \_\_\_

HOW DID YOU LEARN OF THIS OPENING? (PLEASE BE SPECIFIC)

\_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BETWEEN THE HOURS OF \_\_\_\_\_ AND \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BETWEEN THE HOURS OF \_\_\_\_\_ AND \_\_\_\_\_

E-MAIL \_\_\_\_\_ MAY WE CONTACT YOU AT WORK? \_\_\_\_\_

SALARY EXPECTATIONS: \_\_\_\_\_ DATE AVAILABLE FOR WORK \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY RELATED TO YOUR ABILITY TO PERFORM IN THE JOB WHICH YOU ARE APPLYING? IF YES, PLEASE EXPLAIN. (CONVICTION RECORD IS NOT NECESSARILY A BAR TO EMPLOYMENT. RELEVANT FACTORS WILL BE EVALUATED.)

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT APPLICATION

## EDUCATIONAL BACKGROUND

SCHOOL/ADDRESS	COURSE OF STUDY	DEGREE OR DIPLOMA

LIST ANY ADDITIONAL SKILLS, QUALIFICATIONS OR INFORMATION RELEVANT TO THIS POSITION THAT YOU WOULD LIKE US TO CONSIDER.

---

---

---

## REFERENCES

LIST PEOPLE WHO KNOW YOU WELL, PREFERABLY FROM A WORK ENVIRONMENT. DO NOT REFER TO AN ACQUAINTANCE OR RELATIVE.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**EMPLOYMENT RECORD**

---

PREVIOUS EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

YOUR TITLE \_\_\_\_\_ ENDING SALARY/WAGE \_\_\_\_\_

SUPERVISOR'S NAME & TITLE \_\_\_\_\_ MAY WE CONTACT THIS PERSON? \_\_\_\_\_

PRINCIPAL RESPONSIBILITIES (BE COMPLETE) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

---

PREVIOUS EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

YOUR TITLE \_\_\_\_\_ ENDING SALARY/WAGE \_\_\_\_\_

SUPERVISOR'S NAME & TITLE \_\_\_\_\_ MAY WE CONTACT THIS PERSON? \_\_\_\_\_

PRINCIPAL RESPONSIBILITIES (BE COMPLETE) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

---

PREVIOUS EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
YOUR TITLE \_\_\_\_\_ ENDING SALARY/WAGE \_\_\_\_\_  
SUPERVISOR'S NAME & TITLE \_\_\_\_\_ MAY WE CONTACT THIS PERSON? \_\_\_\_\_  
PRINCIPAL RESPONSIBILITIES (BE COMPLETE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

---

PREVIOUS EMPLOYER \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
YOUR TITLE \_\_\_\_\_ ENDING SALARY/WAGE \_\_\_\_\_  
SUPERVISOR'S NAME & TITLE \_\_\_\_\_ MAY WE CONTACT THIS PERSON? \_\_\_\_\_  
PRINCIPAL RESPONSIBILITIES (BE COMPLETE) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE. I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. IT IS ALSO UNDERSTOOD THAT I MAY BE SUBJECT TO SATISFACTORY PHYSICAL EXAMINATION BY A PHYSICIAN OF THE COMPANY'S CHOICE AT THE TIME OF EMPLOYMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_



---

---

## Equal Employment Opportunity Information

This information will only be used for record-keeping/statistical purposes and to comply with Equal Employment Opportunity/Affirmative Action laws which help to determine how effective our recruitment efforts are in reaching a broad cross-section of people in a recruitment area. This information will be kept separately from your employment application and will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although completion of this form is voluntary, KEYC does appreciate your cooperation.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position applied for (be specific): \_\_\_\_\_

\_\_\_\_\_

Please check the items that apply to you:

\_\_\_\_\_ Male

\_\_\_\_\_ White (not Hispanic)

\_\_\_\_\_ Black (not  
Hispanic)

\_\_\_\_\_ Female

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific  
Islander

\_\_\_\_\_ American Indian/Alaskan Native

Your city of residence, state and zip code: \_\_\_\_\_