

Community Educational Broadcasting, Inc.

APPLICATION FOR EMPLOYMENT

We are an "at-will," equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, marital status, genetic information, veteran status or any other legally protected class. Offers of employment may be contingent on applicant passing a job-related physical examination and/or a skills and agility test.

PERSONAL INFORMATION			Social Security Number:		
Last Name		First Name	Middle	E-mail address	
Address			City	State	Zip
Phone Number		Cell Phone Number		Position: Start date:	Are you 18 or older?
EDUCATION		Name and Location	Grade Completed - Graduate?		Studies/Degree
GRAMMAR SCHOOL			K 1 2 3 4 5 6 7 8		
HIGH SCHOOL			1 2 3 4 Yes No		
COLLEGE			1 2 3 4 Yes No		
TRADE OR BUSINESS			1 2 3 4 Yes No		
FORMER EMPLOYMENT List below your last employers or major periods of unemployment, (1 month or more) starting with the last one first.					
Date Month Year	Name, Address and Phone # of Former Employer and/or List Periods of Unemployment			Position	Reason For Leaving
From					
To					
From					
To					
From					
To					
From					
To					
From					
To					
REFERENCES: List below three persons not related to you, whom you have known at least one year.					
Name		Address/Phone		Position	Years Acquainted
Are you able to perform the tasks of the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This may be with or without accommodation.)</i>					
CERTIFICATION: I certify that I am eligible to work in the United States and I certify that I have given true, accurate and complete information on this form to the best of my knowledge.					
I authorize investigation on all statements contained in this application. I understand that misrepresentation, or the omission of any information requested in this application process, may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications.					
Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice. California Labor Code §2922: Termination at will upon notice; employment for a specified term: "An employment, having no specified term, may be terminated at the will of either party on notice to the other. Employment for a specified term means an employment for a period greater than one month."					
I accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.					
Signature and Date			I-9 Form	CA Drivers License #	Physical/Drug Test
In Case of Emergency Notify: Name/Address/Phone _____					
Note: Applications are effective for a period of 60 calendar days. Re-apply to maintain an effective application.					