



Employment Application

	Last Name First		Midd	le	Date					
	Number & Street				Геlephone No.					
	City State		Zip C	ode	Email:					
	List three business references from your present or pri	ior employment).		L						
JAL	Name and Title			Company	Phone No.	Years Acquainted				
PERSONAL										
PEF										
	Can you submit verification of your legal right to work in the United States? Yes No			If under age 18, do you have working papers? ☐ Yes ☐ No						
	Have you ever plead "guilty" or "no contest" to, or bee	en convicted of a criminal of	I ffense (felony/	misdemeanor)?	Yes 🔲 No					
	If yes, state specifics: A conviction will not necessarily bar you from employment, unless it has a direct bearing upon the duties or responsibilities related to the position sought.									
	Position Desired			Salary Desired						
	☐ Full-Time Days and/or Hours Available ☐ Part-Time			Date Available for Employment						
₹ES	☐ Temporary									
Ë	May we contact you at work?		If yes, work	number and best time to	o call:					
JOB INTEREST	☐ Yes ☐ No									
90	Have you previously worked for WCNY? (list dates, pos	sition and department)		How were you referred		,				
_				☐ Advertisement (sou☐ Referral (by whom:						
				☐ WCNY website		,				
				☐ Other ()				
	Name and Location of School Major Field of		Study	Check Last Year		Diploma/Degree				
EDUCATION				Completed	Graduate?					
	High School			9	☐ Yes ☐ No					
	College(s)/Junior College			1 3	☐ Yes					
F				□ 2 □ 4	□ No					
Ž	Graduate School			1 3	☐ Yes					
ב				2 4	□ No					
Ш	Business/Technical School			□1 □3 □2 □4	☐ Yes ☐ No					
	Other (training, certification, or licenses)				2					





P.O. Box 2400, Syracuse, NY 13220-2400 415 W. Fayette St., Syracuse, NY 13204 P: 315-453-2424 | F: 315-451-8824

From:	To:	1.7	nployment) starting with present or la Company Name	Phone No				
Mo. Yr.	Mo.	Yr.			·· 			
Job Title		□ PT □ FT	Address	City	State	Zip Code		
Supervisor's Name & Title			Reason for Leaving					
Summary of Job Function								
From: Mo. Yr.	To: Mo.	Yr.	Company Name	Phone No). 			
Job Title		□ PT □ FT	Address	City	State	Zip Code		
Supervisor's Name & Title			Reason for Leaving					
Summary of Job Function								
From: Mo. Yr.	To: Mo.	Yr.	Company Name	Phone No). 			
Job Title	•	□ PT □ FT	Address	City	State	Zip Code		
Supervisor's Name & Title			Reason for Leaving					
Summary of Job Function								
From: Mo. Yr.	To: Mo.	Yr.	Company Name	Phone No).			
Job Title	I	□ PT □ FT	Address	City	State	Zip Code		
Supervisor's Name & Title			Reason for Leaving					
Summary of Job Function								
If you are now employed, why do you want to change?					May we contact your present employe			
Have you ever been discha	arged or asked	to resign? If so, pleas	e explain	☐ Yes	☐ No			
I hereby affirm that my answers to the foregoing questions in my own handwriting and any attached documents referenced in my own handwriting are and correct. I have not knowingly withheld any fact or circumstance, the disclosure of which might affect my application unfavorably, whether or not circumstance was covered by a direct question. I understand that any misstatement on this application may be sufficient grounds to reject me a applicant or, if hired, to terminate my employment. I expressly authorize WCNY-TV/FM, its representatives, employees or agents to contact and obtain information from all references, employers, provided by me in this application resume, or job interview. I hereby waive any and all rights and claims I may have regarding WCNY-TV/FM, its agents, employees or representatives seeking, gathering and using such information in the employment process and all other persons or organizations for furnishing such information about in understand that any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, a option of WCNY-TV/FM or me. I understand that no representative of WCNY-TV/FM has any authority to enter into any agreement to employ me for specified period of time; to assure any benefits, terms, or conditions of employment; or to make any agreement contrary to the foregoing. In the event of my employment by WCNY-TV/FM, it is understood that my employment is for no stated term and is subject to termination at the w WCNY-TV/FM. I understand that this employment application is not to be construed as a guarantee of employment.								
I agree to conform to the rules and regulations of WCNY-TV/FM and acknowledge that these rules and regulations may be changed, interpreted, withdr or added to by WCNY-TV/FM at any time, at their sole option, and without any prior notice to me.								
Signature of Applicant								