



# WSIL- Harrisburg TV, LLC.

## EMPLOYMENT APPLICATION

**INSTRUCTIONS TO APPLICANT:** Please answer all questions and sign. You must fully and accurately complete this employment application. Incomplete applications will not be considered.

When completing, do not identify race, color, gender, age, national origin, religion or provide any extraneous information.

Applications are considered active only for 30 days. Submission/receipt of an application does not mean that the company currently has a job position available.

The company will consider all applicants without discrimination on any basis prohibited by law and is an equal employment opportunity employer.

### **1. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide your most recent previous address

Address: \_\_\_\_\_  
City State Zip

If you are hired, you must supply proof of your age.

Are you authorized to work lawfully in the United States for the Company? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for the company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving. \_\_\_\_\_

Name of last supervisor at the company? \_\_\_\_\_

Have you ever applied for work with the company before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

### **2. KIND OF WORK DESIRED**

What kind of work are you seeking? \_\_\_\_\_  
\_\_\_\_\_

Date you can begin work: \_\_\_\_\_

Certain Jobs may require working overtime and on weekends. Are you available for such hours of work? (Answering "No" to this question does not mean you will be ineligible for employment). Yes \_\_\_\_\_ No \_\_\_\_\_

**3. EMPLOYMENT HISTORY**

**Last Employer**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving or desiring change: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_

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

**Previous Employer**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving or desiring change: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Describe duties and responsibilities: \_\_\_\_\_

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

**4. Education**

High School \_\_\_\_\_

Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Other schools attended:**

\_\_\_\_\_

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you receive a degree? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Area of study/type of degree? \_\_\_\_\_

Other schools attended (cont'd):

Name	City	State
Dates of attendance _____ to _____		
Did you receive a degree? Yes _____ No _____ When? _____		
Area of study/type of degree? _____		

**5. OTHER BACKGROUND**

During any period of employment with the company, will you work for another employer or do you intend to seek additional work elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe below the three most important things to you about the place you work.

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

**6. REFERENCES**

Identify three persons not related to you that you have known for at least one year.

Name	Address/Phone	Years Acquainted
Name	Address/Phone	Years Acquainted
Name	Address/Phone	Years Acquainted

**READ BEFORE SIGNING**

I certify that the information on this application is complete, true and correct to the best of my knowledge. I understand that omission or misrepresentation of facts may be grounds for rejection of this application or for dismissal from employment as subsequently discovered.

I authorize Company to verify the accuracy of the information contained herein and to obtain reference information. I hereby release Company and its agents and representatives from any/all liability and damages of whatever kind and nature which at any time, could result from requesting, obtaining and/or having an employment decision based on such information.

I understand that I must be fully vaccinated against Covid-19 (subject to any medical or religious accommodations or other applicable law).

I understand that any offer of employment is contingent upon successfully passing a pre-employment drug test and a background screening.

I understand that if the position that I am applying for requires driving company vehicles or driving my personal vehicle for business purposes, then a valid driver's license and a clean driving record must be obtained.

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