



Earls Family Broadcasting
Application for Employment
225 Vielyn Dr.
Branson, MO 65616

Earls Family Broadcasting
 is an
 Equal Opportunity Employer

Personal Information

Last Name:		First Name:		Date: / /	
Middle Name:		Maiden Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:				Home No.:	
City:		State:		Zip:	
Have you applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No				S.S.N. - -	
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, May we contact your employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				Date of Birth: / /	
Are you legally eligible for work in the US?				Pay Expected:	
How did you learn about Earls Family Broadcasting?				When can you start?	
Do you use Tobacco Products?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use any Illegal Substances?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:					

Education

School:	Name & Location	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma?
College					
High School					
Other					

General Information

(Subjects or Special Study/Research work or Special Training Skills)

Military

(Complete this section if you served in the US Armed Forces)

Branch of Service:	Period of Active Duty: (Month/Year) From: _____ To: _____
Describe duties and special training:	Rank at Discharge:
	Date of Final Discharge: ____/____/____

Employment

(Please give accurate, complete full and Part-time employment record. Start with the most recent employer)

1.

Company Name:	Telephone () -
Address:	Employed (Month/Year) From _____ To _____
Name of Supervisor:	Weekly Pay Start _____ Last _____
State Job title and Describe Work:	Reason for Leaving?

2.

Company Name:	Telephone () -
Address:	Employed (Month/Year) From _____ To _____
Name of Supervisor:	Weekly Pay Start _____ Last _____
State Job title and Describe Work:	Reason for Leaving?

3.

Company Name:	Telephone () -
Address:	Employed (Month/Year) From _____ To _____
Name of Supervisor:	Weekly Pay Start _____ Last _____
State Job title and Describe Work:	Reason for Leaving?

We may contact the employers listed above unless you indicate otherwise.	
Employer:	Reason:
Employer:	Reason:

References

1.

Name:	Telephone: () -
Address:	Years Acquainted:
Occupation or Title:	

2.

Name:	Telephone: () -
Address:	Years Acquainted:
Occupation or Title:	

3.

Name:	Telephone: () -
Address:	Years Acquainted:
Occupation or Title:	

Other

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently bound by a non-compete agreement with another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which Employer(s)?

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) or other relevant federal and state laws."

Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE-----

Interviewed by _____ Date _____

Remarks

Neatness:	Character:
Personality:	Ability:

Approved:

1. _____ 2. _____ 3. _____
Employment Manager Department Head General Manager