



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Home Phone Number: () Work Phone Number: ()

If employed, can you submit verification of your legal right to work in the United States? Yes No

NOTE: Federal law requires that you provide and that the employer examine documents which verify your identity and your eligibility for employment in the United States. As a condition of employment, you are required to provide such documentation as mandated by law or government regulation and to sign a form attesting that you are lawfully able to work in the United States.

Referred By: _____

Position Desired: _____ Date You Can Start: _____ Salary Desired: _____

Have You Ever Applied to this Company Before? _____ Where? _____ When? _____

Have you ever been convicted of a crime in the last 7 years other than minor traffic violations? Yes No

If yes, please describe: _____

A conviction record will not necessarily be a bar to employment.

EDUCATION

	Name and Location of School	Did You Graduate?	Dates Attended	Subjects Studied Degree(s) Received
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	From: _____	
	_____		To: _____	
Trade, Business, Correspondence, or Graduate School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	From: _____	
	_____		To: _____	

Subjects of Special Study or Research Work Applicable to Specific Position Applied for: _____

EMPLOYMENT HISTORY: Please list last employer first and account for all employment during the last 10 years.

May we contact your present employer now? Yes or No? _____

If no, when? _____ Employer's Telephone No. _____

Employer	Complete Address (number, street or avenue, city and state)			Zip Code	
Job Title	Dept.	From (mo/yr)	To (mo/yr)	<input type="checkbox"/> P/T	Starting Salary:
				<input type="checkbox"/> F/T	Ending Salary:
Duties Performed		Reason for leaving			

		Other name used while employed			

Employer	Complete Address (number, street or avenue, city and state)			Zip Code	
Job Title	Dept.	From (mo/yr)	To (mo/yr)	<input type="checkbox"/> P/T	Starting Salary:
				<input type="checkbox"/> F/T	Ending Salary:
Duties Performed		Reason for leaving			

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Employer	Complete Address (number, street or avenue, city and state)			Zip Code	
Job Title	Dept.	From (mo/yr)	To (mo/yr)	<input type="checkbox"/> P/T	Starting Salary:
				<input type="checkbox"/> F/T	Ending Salary:
Duties Performed		Reason for leaving			

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Employer	Complete Address (number, street or avenue, city and state)			Zip Code	
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				<input type="checkbox"/> F/T	Ending Salary:
Duties Performed		Reason for leaving			

		Other name used while employed			

I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand and agree that omission or misrepresentation of facts called for on this application will be cause for rejection of this application or dismissal after employment.

Signature _____

Date _____

I understand that ICBC Broadcast Holdings, Inc. will investigate all statements contained in this application and I authorize ICBC Broadcast Holdings, Inc. and/or its representative to obtain transcripts, records or documents pertaining to my background and business experience. I agree to release ICBC Broadcast Holdings, Inc. and its representatives from any liability arising from such investigation, and I understand that any false statements or failure to disclose information on this application may be sufficient grounds for dismissal or the withdrawal of any offer of employment.

I understand that I will also be asked to provide original documentation establishing lawful employment authorization, and to certify to such, as required under the Immigration Reform and Control Act of 1986.

I understand that any offer of employment made to me by ICBC Broadcast Holdings, Inc. whether accepted or not, is contingent upon Inner City Holdings, investigation of this application, including the results of a reference check, and that ICBC Broadcast Holdings, Inc. may contact my previous and current employers for references.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between ICBC Broadcast Holdings, Inc. and myself, either for employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon ICBC Broadcast Holdings, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that ICBC Broadcast Holdings, Inc. has the same right.

Signature _____

Date _____

ICBC Broadcast Holdings, Inc. is an equal opportunity employer and considers all candidates for employment regardless of race, color, religion, sex, national origin, sexual orientation, age, disability, marital status, disabled Veteran or Vietnam era veteran status, or status in any group protected by the Federal, State or local law.