



QueenB Television, LLC
141 S. 6th Street
La Crosse, WI 54601
(608) 782-4678

**Confidential Employment
Application**

Equal Opportunity Employer

As part of Morgan Murphy Stations and Affiliated Media Companies, QueenB Television, LLC affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state, or federal laws. Any person who believes he or she has been discriminated against should contact the Federal Communications Commission, 1919 M Street, NW, Washington DC, 20554, or another appropriate federal, state, or local agency.

DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE NUMBER (Home) _____ (Business) _____ (Other) _____

Are you applying for: full-time part-time temporary If under 18, please state your age _____

If part-time or temporary, please specify hours available: _____ Salary Range Desired: _____

Please specify the company & position you are seeking: _____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon employment, can you provide documentation establishing your identity and eligibility to be legally employed in the U.S.? Yes No

On what date would you be available for work? _____

Were you previously employed by any Morgan Murphy Station and Affiliated Media Company? Yes No

If yes, company name? _____ Dates employed _____ Position _____

Who referred you to QueenB Television Inc.? _____

Have you ever been convicted of a crime, or are there any felony charges pending against you?*** Yes No

If yes, please fully explain the circumstances: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Name and phone number of your current employer _____

** Arrests or convictions do not absolutely bar employment and are considered only as they relate to the job being sought.

Employment History

Name of Company	Supervisor Name & Title	Date Employed	Rate of Pay		
Street	City	State	Zip	Date Separated	Rate of Pay
Phone No.	Position - Duties	Reason for Leaving	Breaks in Employment		

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Street	City	State	Zip	Date Separated	Rate of Pay
Phone No.	Position - Duties	Reason for Leaving	Breaks in Employment		

References

Give the name of three persons not related to you, whom you have known for at least three years. One of the three references should be a business associate, but that reference need not be known for three years.

Name	Address and Phone	Relationship	Years Acquainted

Education

	Name & Location	Level Completed	Degree or Specialization
High School			
College			
Graduate			
Vocational			
Other			

Please summarize any additional training, skills, and qualifications you possess and how you believe they would be of value in this position.

*** PLEASE READ CAREFULLY BEFORE SIGNING ***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by QueenB Television, LLC (hereinafter referred to as WKBT) that such employment with WKBT is at-will, for no specified duration, and may be terminated by either WKBT or myself at any time, with or without cause or notice, except as modified by a specific written agreement. I understand that none of the documents, policies, procedures, actions, statements of WKBT or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of WKBT, except the General Manager, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the General Manager of WKBT.

In consideration for employment with WKBT, if employed, I agree to conform to the rules, regulations, policies, and procedures of WKBT at all times and understand that such obedience is a condition of employment. I understand that due to the nature of WKBT's business, attendance and punctuality are considered essential requirements of every job at WKBT and that poor attendance or tardiness will result in disciplinary action.

If offered a position with WKBT, I may be required to submit a pre-employment medical examination, drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks may result in withdrawal of any employment offer or termination of employment if already employed.

I understand that I am being asked to sign a release that will allow my former employers and others to speak freely with WKBT about me. I am not required to sign this release and my failure to do so will not disqualify me from consideration.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS

Signature of Applicant

Date

RELEASE INFORMATION

We request that you sign a Release that will allow former employers and others to speak freely with us about you. Your failure to sign a Release will not automatically disqualify you from consideration, but we find such discussions often give advantages to those who have signed a Release. In the blank space provided, please fill in the name of the reference you are authorizing us to contact. **Please fill out a new form for each reference.**

RELEASE

In order to provide information and opinion that may be useful in hiring decisions, I authorize _____, to provide information or opinions regarding me. This information and opinion may include, but is not limited to, my dates of employment, title, job classification, compensation history, reason for leaving, job-related knowledge and skills, job performance, attendance record, disciplinary action, and character. I understand that the information provided about me may be negative or positive. However, I unconditionally release each person, school, employer, organization or entity who provides information or opinion pursuant to this release from any and all legal liability for damages that may result for furnishing such information and making such statements. This Release supersedes any agreement or contract I may have previously made to the contrary with any such person, school, employer, organization, or entity.

A photocopy of this signed Release shall have the same force and effect as the original Release signed by me.

RELEASE SIGNATURE

Date

Signature

Print Name

Address:

_____ State _____ Zip Code _____

THANK YOU.

FOR FLOOR CREW ONLY!

Name: _____

Morning	4:45 to 7:15 AM
Noon	11:15 AM to 12:45 PM
Five	4:15 to 5:30 PM
Six	5:15 to 6:45 PM
Five and Six	4:15 to 6:45 PM
Ten	9:15 to 10:45 PM
Saturday Six	5:15 to 6:45 PM
Saturday Ten	9:15 to 10:45 PM
Sunday 5:30	4:45 to 6:15 PM
Sunday Ten	9:15 to 10:45 PM



Please mark each line with a YES or NO per your availabilities:

MONDAY

MORNING _____ NOON _____ FIVE _____ SIX _____ TEN _____

TUESDAY

MORNING _____ NOON _____ FIVE _____ SIX _____ TEN _____

WEDNESDAY

MORNING _____ NOON _____ FIVE _____ SIX _____ TEN _____

THURSDAY

MORNING _____ NOON _____ FIVE _____ SIX _____ TEN _____

FRIDAY

MORNING _____ NOON _____ FIVE _____ SIX _____ TEN _____

SATURDAY

SIX _____ TEN _____

SUNDAY

FIVE-THIRTY _____ TEN _____

DATE AVAILABILITY TAKES AFFECT: _____

(month / day / year)