

Valley Public Television 1544 Van Ness Avenue Fresno, CA 93721-1213

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORM	ATION				
NAME (LAST, FIRST, MID	DDLE)	HOME PHON	Е ОТНЕ	R PHONE	E-MAIL ADDRESS
)	
STREET ADDRESS		CITY		STATE	ZIP CODE
Have you ever been empl-	oyed or attended school under	er another name?	☐ Y	es	0
If yes, please provide other	or nama(a)				
If hired, can you provide to work in this country?	evidence of your identity and	l eligibility	□Ү€	es 🔲 No	
Are you 18 years of age or older?			□Ye	s 🔲 No	
If hired, would you have a reliable means of transportation to and from work?				s 🔲 No	
POSITION INFORMA	ATION				
POSITION DESIRED		DATE AVAILAR	BLE TO BEGIN W	ORK PAVR	ATE DESIRED
TOSTITO: \ DESINED			DEE TO BEGIN		
EMPLOYMENT DESIRE					
☐ Full-time ☐ I	Part-time	project (Seasonal w	ork or other)		
If you are applying for pa	rt-time or special project wor	rk, please describe y	our availability.		
Have you ever applied to	this organization before?		□Y€	es 🔲 No	
10 10					
If yes, when? Can you perform the esse	ntial functions of the position	n for which vou are	applying with or	without a reason	able accommodation?
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Would you be available to work overtime if necessary?					
would you be available to	o work overtime if necessary			.5 ∐ N0	
EDUCATION					
				Level	
	Name of school	City and State	Dates		Degree/ Diploma/ Certificati
High School				9 10 11 12	
College			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1 2 3 4	
College				1 2 3 4	
	1	1	i e	1 4 3 7	

SKILLS				
Please check any boxes corresponding	g to skills you possess			
□ Typing WPM □ Switchboard*		*Name the specific software/equipment used		
□ 10 key by Touch/ Sight (circle)	□ Word Processing*			
□ Computer*	□ Spreadsheet*			
□ Bilingual				
□ Other				
position? If so, please explain.	ining, qualifications, accomplishing	nents or skills which you feel make you es	pecially suited for the	
greater)		ne past 10 years, or your last three employed ion. You may attach an extra sheet of pap		
needed.				
Name and Address of Employer		Telephone No.	Dates of Employment Fr: To:	
Job Title		Name of Immediate Supervisor		
Describe Your Job Duties		Reason for Leaving		
Name and Address of Employer		Telephone No.	Dates of Employment	
			Fr: To:	
Job Title		Name of Immediate Supervisor		
Describe Your Job Duties		Reason for Leaving		
Name and Address of Employer		Telephone No.	Dates of Employment Fr: To:	
Job Title		Name of Immediate Supervisor		
Describe Your Job Duties		Reason for Leaving		
Have you ever been terminated from 6	employment for a reason other than	n a layoff?		
May we contact your current employe	т?	□Yes □ No		

Do you have relatives employed by Valley Public Television? If yes, what are their names and relationship to you?							
REFERENCES Please list three profess	sional references (exclude relativ	ves) that have knowledge of	your work performance.				
Name	Phone Number	Occupation	Number of Years Acquainted				
PLEASE READ AND SIGN BELOW. A	pplications that have not been si	gned will be considered inco	omplete and will not be accepted.				
I certify that all information submitted on the personally completed this application. I ungrounds for rejection of this application or in the omission or misstatement.	derstand that any falsification, or	nission, or misrepresentation	n of material facts may constitute				
I authorize Valley Public Television to thor suitability for employment. I further author information related to my work, and release issuing, receiving or using such information	rize my former employers to disc the company, my former emplo	lose to Valley Public Televi	sion any and all records and				
I agree that if employed, I will abide by Val reference information regarding my work w from any and all claims I may have as a res	hile employed at Valley Public						
I understand that nothing contained in this a contract of employment. I understand that e any time, with or without prior notice, with policy may only be made in writing, signed	mployment at Valley Public Tele or without cause, at the option o	evision is at-will, for no defi f either myself or the compa	nite period and may be terminated at				
Applicant's signature	Date						