

Public Media Group of Southern California



PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

EMPLOYMENT DESIRED

Position Desired _____ Date Available _____ Salary Desired _____

How did you learn about the opening? _____

EDUCATION

High School _____ Location _____

Number of Years Attended _____ Graduated _____

College/Technical School _____ Location _____

Number of Years Attended _____ Major _____ Degree _____

College _____ Location _____

Number of Years Attended _____ Major _____ Degree _____

EMPLOYMENT HISTORY

Most Recent Employer _____ Employment Dates _____

Address _____ Salary _____

Supervisor _____ Phone Number _____ May We Contact? _____

Position & Duties _____

Reason for Leaving _____

Next Employer _____ **Employment Dates** _____

Address _____ **Salary** _____

Supervisor _____ **Phone Number** _____ **May We Contact?** _____

Position & Duties _____

Reason for Leaving _____

Next Employer _____ **Employment Dates** _____

Address _____ **Salary** _____

Supervisor _____ **Phone Number** _____ **May We Contact?** _____

Position & Duties _____

Reason for Leaving _____

REFERENCES

Please provide at least two professional references not listed above, include name, company, phone number and relation to you (as in someone in management or a colleague at a former job).

PLEASE DESCRIBE OTHER EXPERIENCE OR TRAINING

EQUAL OPPORTUNITY EMPLOYER

PMGSC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

APPLICANT'S SIGNATURE

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SINGING THIS APPLICATION.

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, may cause termination of my employment, regardless of when discovered. PMGSC is hereby authorized to investigate all the statements made in this application.

As part of the normal employment procedure, I authorize PMGSC to contact any of my former employers that I have indicated may be contacted above, or any of the references I have provided, for purposes of obtaining information concerning my background and qualifications. I hereby release PMGSC and its representatives and any former employer or reference from liability arising out of any information they seek or provide in connection herewith.

I further understand that employment at PMGSC is entirely at will and may be terminated or modified with or without cause at any time by PMGSC or me.

Application's Signature _____ **Date** _____