



Apple Valley Broadcasting Inc.

KAPP TV
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KVEW TV
601 N. Edison
Kennewick, WA 98336
Telephone: (509) 735-8369
Fax: (509) 835-7889

Confidential Employment Information

Equal Opportunity Employer

As part of Morgan Murphy Stations and Affiliated Media Companies, Apple Valley Broadcasting Inc. affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status of 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 Social Security No. (please provide later)

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 or Affiliated Company? Yes No

If yes, company name? Dates employed Position

Who referred you to Apple Valley Broadcasting 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

(1) Name	Job Title & Duties	From Mo.	Yr.	To Mo.	Yr.	Supervisor Phone
Address						
City / State						
(2) Name	Job Title & Duties	From Mo.	Yr.	To Mo.	Yr.	Supervisor Phone
Address						
City / State						
(3) Name	Job Title & Duties	From Mo.	Yr.	To Mo.	Yr.	Supervisor Phone
Address						
City / State						
(4) Name	Job Title & Duties	From Mo.	Yr.	To Mo.	Yr.	Supervisor Phone
Address						
City / State						
(5) Name	Job Title & Duties	From Mo.	Yr.	To Mo.	Yr.	Supervisor Phone
Address						
City / State						

State any additional training or information you feel may be helpful to us in considering your application.

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May we contact your present employer? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### 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 & 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 for the position you are seeking.

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\* 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 document) is correct, accurate, and complete to the best of my knowledge. I understand any 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 any Apple Valley Broadcasting company extend an offer of employment. company. (Here in after referred to as AVB) that such employment with AVB is at-will, for no specified duration, and may be terminated by either AVB 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 AVB or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of AVB 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 AVB.

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

I understand that I will be asked to sign a release (one for each reference) that will allow my former employers and others to speak freely with AVB about me. I am not required to sign this release and 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.

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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