

Position You Are Applying For _____ Desired Income _____

Date Available for Work _____ Hours Available/Week _____

PERSONAL INFORMATION

Last Name First Name Initial DOB

Address City State ZIP

Home Phone Mobile Phone E-Mail

Social Security Number U.S. Citizen? YES NO Have you ever been convicted of a felony? YES NO

If selected for employment, are you willing to submit to a pre-employment and random drug screening tests? YES NO

EDUCATION

College Name City/ST Years Attended Degree Received Major

Computer Proficiency (Circle what applies): WORD EXCEL PDF's INVOICING/BILLING MEDIA KITS/PROPOSALS

Typing WPM: _____ Direct Business Sales Experience? YES NO In Radio or TV? YES NO

Other training or Certifications held? _____

EMPLOYMENT

Are you currently employed? YES NO Are you looking for new Full Time work or extra Part Time income? FULL PART

Most Recent Employer City/ST Length of Stay Pay Rate Hours Worked

Position/Title Reason for Leaving May we contact them if needed? YES NO

Briefly list most important duties performed that would qualify you for the position you are applying for:

COMPENSATION

Desired Status: Sales (Commission Based) Full-Time Part-Time Intern (Students Only)

Desired Pay: \$ _____ Per: HR WEEK YR SALES: Desired Potential Income: \$ _____

| | | | | | | | |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Availability: (Insert Hours Available) | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---|--------|---------|-----------|----------|--------|----------|--------|

Acknowledgement and Authorization

- I certify all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This may include criminal and drug related testing and research.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature Date