



APPLICATION FOR EMPLOYMENT

Cox Media Group Ohio is an Equal Opportunity Employer

IT IS COX MEDIA GROUP OHIO'S POLICY TO CONDUCT PRE-EMPLOYMENT DRUG SCREENS AND COMPLETE BACKGROUND CHECKS

PERSONAL

Name in Full: _____ Social Security Number: _____ Date: _____

Company Applying With: ___ Publishing ___ Radio ___ TV

Position Applying For: _____ Full Time: ___ Part Time: ___

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Can you perform the essential functions of the position for which you are applying, with or without accommodation?

Yes ___ No ___

Are you legally eligible to be employed in the United States? Yes ___ No ___

Are you over the age of 18 years? Yes ___ No ___

Have you ever worked for a Cox-owned property? Yes ___ No ___

If yes, which property? _____ List dates of previous Employment: _____

Referral Source: Newspaper Ad ___ Web Ad ___ Walk-In ___ Job Fair ___ Employee Referral ___

Employee Name: _____ Other (please specify) _____

List any experience, skills or other qualifications which you believe should be considered in evaluating your qualifications for employment (examples: Excel, Word, other Software Skills, etc.):

RECORD OF CONVICTION

Have you ever been convicted of a felony or a misdemeanor other than non-alcohol related traffic violations?

Yes ___ No ___ (A conviction will not necessarily result in the denial of employment.)

If yes, please explain: _____

EDUCATION

	Name of School	City and State	Course of Study	No. of Years Completed	Diploma or Degree Received
High School					
College					
Vocational or Trade School					
Graduate Work					

EMPLOYMENT HISTORY

Are you presently employed? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

This section must be completed with your most current employer. Do not refer to resume – fill in each block completely. Use separate sheet of paper if more space is needed.

Dates of Employment	Company Name and Complete Address	Position Title	Rate of Pay	Supervisor's Name and Phone Number	Reason for Leaving

REFERENCES

Type of Reference	Name	Address	Telephone	Occupation
Professional	(1)		(___)	
	(2)		(___)	
Personal	(3)		(___)	

APPLICANT'S CERTIFICATION AND AGREEMENT

My signature below certifies that the information provided is true and complete and that I have not knowingly withheld any facts. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I authorize the company to contact references provided by me and to make such other investigations and contacts with other parties as the company shall in its discretion deem helpful in determining whether employment shall be offered, including, but not limited to, criminal history background checks, driver's license checks, previous employers, credit reports, education credentials and social security number check. I also understand that should a contingent offer of employment be extended, I will be subject to a drug screening.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Cox Media Group Ohio. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration which is considered employment-at-will and that either I or Cox Media Group Ohio may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date

It is the policy of Cox Media Group Ohio to provide equal employment opportunity to all qualified individuals without regard to their race, color, religion, national origin, age or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination. Discrimination because of race, color, religion, national origin, age or sex is prohibited. If you believe you have been the victim of discrimination, you may notify the Federal Communications Commission, the Equal Employment Opportunity Commission, or other appropriate agency.