



Employment Application

Date _____

Name _____
LAST FIRST MIDDLE

Business Telephone () _____ Home Telephone () _____

E-mail Address _____

Present Address _____
NUMBER STREET CITY STATE ZIP

Permanent Address if different from present address

NUMBER STREET CITY STATE ZIP

EMPLOYMENT DESIRED

Position applying for: _____

If you are applying to one of our stations please specify which one? _____

Are you applying for: Regular full-time work? Yes No
Regular part-time work? Yes No
Are you available for work on weekends? Yes No

What days and hours are you available for work? _____

If applying for temporary work, please contact location's office manager for availability of temporary work.

If hired, on what date can you start work? _____

Salary desired: _____

If hired, can you present evidence of your legal right to work in the United States, including the right to work on a full-time basis if hired for a full-time position?

Yes No

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

Yes No

If no, describe the essential functions that cannot be performed. _____

(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).

Are you able to perform all other duties of the job for which you are applying?

Yes No

Have you ever been convicted of a crime (excluding marijuana-related convictions more than two years old, convictions that have been sealed, expunged, or eradicated; misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed, or information related to referral or participation in any pre or post trial diversion program)?

Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial?

Yes No

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).

EDUCATION, TRAINING AND EXPERIENCE

NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA MAJOR/COURSEWORK
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business/Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?

Yes No

If so, describe:

EMPLOYMENT HISTORY

Are you currently employed?

Yes No

If so, may we contact your current employer?

Yes No

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

If more space is needed please attach additional sheets.

Name of Employer: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Position Title: _____

Position Duties: _____

Dates of Employment: From _____ To _____

Salary: \$ _____ per _____ (annually, monthly or hourly)

Reason for Leaving: _____

Name of Employer: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Position Title: _____

Position Duties: _____

Dates of Employment: From _____ To _____

Salary: \$ _____ per _____ (annually, monthly or hourly)

Reason for Leaving: _____

Name of Employer: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Position Title: _____

Position Duties: _____

Dates of Employment: From _____ To _____

Salary: \$ _____ per _____ (annually, monthly or hourly)

Reason for Leaving: _____

EMPLOYMENT HISTORY *(continued)*

Name of Employer: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Position Title: _____

Position Duties: _____

Dates of Employment: From _____ To _____

Salary: \$ _____ per _____ (annually, monthly or hourly)

Reason for Leaving: _____

Name of Employer: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Position Title: _____

Position Duties: _____

Dates of Employment: From _____ To _____

Salary: \$ _____ per _____ (annually, monthly or hourly)

Reason for Leaving: _____

Name of Employer: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Position Title: _____

Position Duties: _____

Dates of Employment: From _____ To _____

Salary: \$ _____ per _____ (annually, monthly or hourly)

Reason for Leaving: _____

PERSONAL INFORMATION

Please indicate source of referral and specify:

Contacted Salem on own

Salem Employee

National Publication

Newspaper Ad

Internet site

Employment Agency

Other _____

Have you ever applied to or worked for Salem Communications or any of its subsidiaries before?

If yes, when and where? _____

Do you have friends or relatives working at this company or any of its subsidiaries? Yes No

If yes, state name(s) and relationship: _____

Have you ever used another name?

If yes, what name(s) have you used? _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No

(If under 18, hire is subject to verifications that you are of minimum legal working age.)

REFERENCES

List below three professional references, former supervisor's or co-workers, who have knowledge of your work performance within the last three years.

Name: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Occupation/Job Title: _____

Telephone No. () _____ Email Address _____

Professional Relationship: _____

Number of Years Acquainted: _____

Name: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Occupation/Job Title: _____

Telephone No. () _____ Email Address _____

Professional Relationship: _____

Number of Years Acquainted: _____

Name: _____

Address: _____
NUMBER STREET CITY STATE ZIP

Occupation/Job Title: _____

Telephone No. () _____ Email Address _____

Professional Relationship: _____

Number of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph And Sign Below

CERTIFICATION OF ACCURACY

I certify that I, the undersigned applicant, have personally completed this application. I further certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and complete to the best of my knowledge. I understand that any omission or misstatement of fact on this application, or in any interview or document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

AUTHORIZATION TO INVESTIGATE

I hereby authorize Salem Communications Corporation and any of its subsidiaries (the "Company") to investigate all statements given in this application, including my references, work record, and education as well as all other matters related to my suitability for employment, and unless otherwise noted, to contact my present and former employers. I also authorize the references and employers I have listed to disclose to the Company any and all documents and other information related to my work records and employment, without giving me prior notice of disclosure. In addition, I hereby release the Company, my present and former employers and all other persons and entities from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

EMPLOYMENT AT WILL

I understand that nothing in this application or communicated during any interview creates a contract for employment between me and Salem Communications Corporation or any of its subsidiaries (the "Company"). I further understand that if hired, my employment with the company is at will, and that I or the Company may terminate my employment at any time without notice and without any reason. I understand that no promises or representations to the contrary are binding on the Company unless made in writing and signed by me and the President or Executive Vice President of Salem Communications Corporation.

Date _____

Applicant's Signature _____

Salem Communications is an Equal Employment Opportunity Employer

It is the policy of the Company to provide equal employment opportunity to all qualified individuals without regard to race, color, religion, sex, national origin, age, disability, or any other protected status under applicable laws. Discrimination because of a protected status is prohibited, and you may contact the appropriate local, State or Federal agency if you believe you have been the victim of discrimination.

