



## EMPLOYMENT APPLICATION

| APPLICANT CONTACT INFORMATION: |  |                     |  |
|--------------------------------|--|---------------------|--|
| APPLICATION DATE:              |  | AVAILABLE TO START: |  |
| NAME (PRINT):                  |  | PHONE:              |  |
| STREET ADDRESS:                |  |                     |  |
| CITY / STATE / ZIP:            |  |                     |  |
| EMERGENCY CONTACT:             |  | E-MAIL:             |  |
| PHONE:                         |  | RELATIONSHIP:       |  |

| PLEASE DESCRIBE AREAS OF EXPERIENCE AND SKILLS:             |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> PRODUCER                           | <input type="checkbox"/> WRITER         | <input type="checkbox"/> DIRECTOR            | <input type="checkbox"/> EDITOR         |
| <input type="checkbox"/> TECHNICAL DIRECTOR                 | <input type="checkbox"/> FLOOR DIRECTOR | <input type="checkbox"/> FIELD CAMERA        | <input type="checkbox"/> STUDIO CAMERA  |
| <input type="checkbox"/> AUDIO TECHNICIAN                   | <input type="checkbox"/> VO TALENT      | <input type="checkbox"/> LIGHTING TECHNICIAN | <input type="checkbox"/> GRAPHIC ARTIST |
| <input type="checkbox"/> ENGINEER/ELECTRICAL                | <input type="checkbox"/> CABLECAST TECH | <input type="checkbox"/> PROGRAMMING         | <input type="checkbox"/> SOCIAL MEDIA   |
| <input type="checkbox"/> PHOTOGRAPHER                       | <input type="checkbox"/> FINANCE        | <input type="checkbox"/> HR                  | <input type="checkbox"/> OTHER          |
| OTHER SKILLS OR AREAS OF SPECIAL INTEREST (PLEASE SPECIFY): |   |  |   |
|   |   |  |   |

|   |
|---|
| <b>PLEASE LIST DAYS AND HOURS YOU ARE AVAILABLE FOR WORK:</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME |
| <b>DAYS:</b>  |
|   |
| <b>TIMES:</b>   |
|   |
| <b>ABOUT YOU:</b>   |
|   |

## EMPLOYMENT HISTORY

| MOST RECENT EMPLOYER |  |            |                                |
|----------------------|--|------------|--------------------------------|
| BUSINESS NAME        |  | SUPERVISOR |                                |
| ADDRESS              |  |            |                                |
| CITY / STATE / ZIP   |  |            |                                |
| PHONE                |  | EMPLOYMENT | FROM:                      TO: |
| PREVIOUS EMPLOYER    |  |            |                                |
| BUSINESS NAME        |  | SUPERVISOR |                                |
| ADDRESS              |  |            |                                |
| CITY / STATE / ZIP   |  |            |                                |
| PHONE                |  | EMPLOYMENT | FROM:                      TO: |
| PREVIOUS EMPLOYER    |  |            |                                |
| BUSINESS NAME        |  | SUPERVISOR |                                |
| ADDRESS              |  |            |                                |
| CITY / STATE / ZIP   |  |            |                                |
| PHONE                |  | EMPLOYMENT | FROM:                      TO: |

## PERSONAL REFERENCES

| PERSONAL REFERENCES (3) |       |
|-------------------------|-------|
| NAME                    | PHONE |
| ADDRESS                 |       |
| NAME                    | PHONE |
| ADDRESS                 |       |
| NAME                    | PHONE |
| ADDRESS                 |       |

I hereby authorize Oceanside Community Television Service (the "Company") or any designated officer, employee, agent, or representative to confer with the references list on my employment/intern application.

I understand that the Company may ask my references questions about my educational background, work experience, achievements, wage history, performance, attendance, and reason for separation from former employment. I expressly authorize my references to answer such questions.

I understand that any information provided by my references will be used solely for the purpose of determining my acceptability for employment with the Company.

I release all the above-named references from any claim of liability or damages, including, but not limited to, claims for defamation, interference with contract, and negligence—which may arise or result from any truthful reference information provided by a reference pursuant to this authorization.

|                      |  |
|----------------------|--|
| APPLICANT SIGNATURE: |  |
| DATE:                |  |