



APPLICATION FOR EMPLOYMENT

In completing this Application for Employment, exclude any reference or information which may reveal your race, color, age, sex, religion, marital status, national origin, mental or physical disability, public assistance status or any other characteristic or trait that has protection under the law. I understand that the Company requires me to complete this Application for Employment fully, accurately and honestly, and that the Company will be relying on the information I provide in making its employment decision.

Name: First	M.I.	Last	Home Phone
Address			Cell Phone
City	State	Zip Code	How did you hear about this Job?
E-Mail Address			
Are you 18 years of age or older? YES ___ NO ___ If you are not 18 years of age, the state in which you work may require you to furnish documents authorizing you to work.			
Have you ever been employed with Hubbard Broadcasting or one of its companies before? YES ___ NO ___ If yes, where and when?			
Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. If employed, can you provide original documentation establishing your identity and eligibility to be legally employed in the United States? YES ___ NO ___			
Date available for employment		Position(s) applying for	

EDUCATION

	NAME	DEGREE EARNED
High School/GED		
College		
Vocational/Technical or other		
Graduate School		
Military		

EMPLOYMENT HISTORY

Company 1	Address	City, State, Zip
Supervisor	Phone Number	Employment dates
Position	Reason for leaving	
Company 2	Address	City, State, Zip
Supervisor	Phone Number	Employment dates
Position	Reason for leaving	
Company 3	Address	City, State, Zip
Supervisor	Phone Number	Employment dates
Position	Reason for leaving	

PROFESSIONAL REFERENCES

Name and Title	Relationship	Contact Phone Number and/or Email

Hubbard Broadcasting, Inc. is an equal opportunity employer, committed to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, marital status, national origin, mental or physical disability, public assistance status or any other characteristic or trait that has protection under the law.

Hubbard Broadcasting, Inc. and each of its subsidiaries (as applicable, the "Company") requires all job applicants to complete and sign this Application for Employment prior to employment.

By signing below, I certify that all information in my Application for Employment is true, complete, and correct. I also understand that if the Company finds that any information I have supplied is materially false or misleading, I will be disqualified from consideration for employment or, if I've already been hired, I may be terminated.

By signing below, I authorize the Company to contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. I understand and agree that the Company has no control over what my references say and I release the Company from any and all liability by reason of contacting references.

By signing below, I also consent to all persons and entities contacted by the Company to provide the Company with any information or documentation the Company reasonably requests about me, or that may be relevant to the Company's consideration of my Application for Employment. I waive all rights to bring any legal action (such as, for example, defamation, invasion of privacy, or any similar claim) against anyone contacted as a result of what was said about me.

By signing below, I understand that if I'm hired—unless a personal services agreement or collective bargaining agreement covers the terms of my employment—I will be required to sign an Agreement of Hire. Among other things, the Agreement of Hire establishes my status as an employee-at-will, and establishes an alternative dispute resolution procedure—mandatory, binding arbitration—that will apply to any disputes I may have with the Company. I may request to review and receive a copy of the Agreement of Hire before accepting an offer of employment. I understand, however, that my refusal to execute and/or be bound by the terms of the Agreement of Hire will result in any offer of employment being rescinded. If I'm hired under the terms of an Agreement of Hire, that agreement will establish the nature of my relationship with the Company; I understand that no supervisor, department head or manager has the authority to make any agreement contrary to my Agreement of Hire.

By signing below, I acknowledge that if I receive an offer of employment, it will be contingent upon my providing sufficient documentation required to establish my identity and eligibility to work in the United States.

This Application for Employment will be considered active for 60 days. I understand that if I wish to continue to be considered as an active applicant after 60 days, I must submit a new Application at that time.

Signature of Applicant

Date

The Company maintains a work environment that is tobacco, alcohol and drug free.

