



WNED
WBFO
Buffalo-Toronto

Applicant

An Equal Opportunity Employer

Position

EMPLOYMENT APPLICATION

WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION
140 LOWER TERRACE BUFFALO, NEW YORK 14202

Our Mission

The mission of the WNED stations is to provide high quality programming and services that enlighten, inspire, entertain and educate the communities of Western New York and Southern Ontario.

To Applicant

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for any open position(s) we may have which would utilize your skills.

This application form was designed for use by persons applying for various types of positions within our organization. Some questions may not be completely applicable to your situation, but we ask that you please take time to answer every question completely and accurately.

This form will remain in our files as a permanent record for a period of ten years if you become an employee of the Western New York Public Broadcasting Association.

WNED considers all applicants for employment without regard to age, race, creed, color, national origin, sex, sexual orientation, disability, military status, predisposing genetic characteristics, marital status, or domestic violence victim status. In addition, WNED complies with applicable state and local laws prohibiting discrimination in employment. WNED also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the *Americans with Disabilities Act* and applicable state and local laws. Applicants who require reasonable accommodations during the application process may contact the Director of Human Resources.

PERSONAL INFORMATION

PLEASE PRINT

Name: _____ Date _____
Last First Middle

Mailing Address: _____
Number Street City State Zip

Telephone Number: () E-mail: _____

Position(s) applying for: _____ Salary Desired: \$ _____ per: _____

Employment Status Desired: ☐ Full time ☐ Part time ☐ Casual Date Available: _____

By whom were you referred? _____
Name of person, school, agency, newspaper, etc.

Will you be engaged in any other business or employment if employed by WNED? ☐ YES ☐ NO

If yes, please explain: _____

Have you ever been employed or applied for employment at WNED before? ☐ YES ☐ NO

If yes, when & where? _____

Federal laws require that employers only hire individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer?

☐ All Employers ☐ Current employer only

EDUCATIONAL INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL CITY AND STATE	DID YOU GRADUATE?	DEGREE RECEIVED	MAJOR SUBJECT OR COURSE OF STUDY
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR TRADE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR TRADE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please indicate any professional certificates or licenses: _____

EMPLOYMENT RECORD

Beginning with last or present employer, please list all past employment and account for any periods between jobs.

1. Company Name		Telephone Number	Job Title
Street	City	State	Zip
Your Job Duties			
Dates of Employment From: Month/Year		To: Month/Year	
Your Lowest Salary \$	Your Highest Salary \$	Name of Immediate Supervisor	Reason for Leaving

2. Company Name		Telephone Number	Job Title
Street	City	State	Zip
Your Job Duties			
Dates of Employment From: Month/Year		To: Month/Year	
Your Lowest Salary \$	Your Highest Salary \$	Name of Immediate Supervisor	Reason for Leaving

3. Company Name		Telephone Number	Job Title
Street	City	State	Zip
Your Job Duties			
Dates of Employment From: Month/Year		To: Month/Year	
Your Lowest Salary \$	Your Highest Salary \$	Name of Immediate Supervisor	Reason for Leaving

4. Company Name		Telephone Number	Job Title
Street	City	State	Zip
Your Job Duties			
Dates of Employment From: Month/Year		To: Month/Year	
Your Lowest Salary \$	Your Highest Salary \$	Name of Immediate Supervisor	Reason for Leaving

May we contact the employers listed above? ☐ YES ☐ NO

Please rate your personal computer skills: ☐ Introductory ☐ Intermediate ☐ Advanced

Why are you interested in working at WNED?

DRIVING HISTORY

Please answer the following question **only** if you are applying for a position which may require the operation of a WNED vehicle.

Do you have a valid driver's license? ☐ YES ☐ NO Driver's license #: _____ State: _____

Has your license ever been suspended? ☐ YES ☐ NO If yes, give reason, date and location: _____

UNITED STATES MILITARY SERVICE DATA

Have you ever served in the United States armed forces? ☐ Yes ☐ No

If Yes, please list any military duties, including special training, relevant to the position for which you are applying: _____

PROFESSIONAL REFERENCES

Please list three references who are familiar with your work or educational background. Do not list friends, relatives or co-workers.

Name & Occupation	Address & Telephone Number	Professional Relationship
Name & Occupation	Address & Telephone Number	Professional Relationship
Name & Occupation	Address & Telephone Number	Professional Relationship

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

I authorize WNED and its agents to confirm all information provided on this application and in interviews, and to investigate my suitability for employment. I agree to furnish additional information if requested. I release WNED and all persons and entities from any claims, liabilities or damages from obtaining or furnishing information about me.

Any offer of employment I may receive from WNED is conditional and contingent upon my successful completion of WNED's total pre-employment screening process, including WNED receiving references it considers satisfactory, and my satisfactory completion of any background check that WNED may require. I understand that, if employed, I will be required to complete a federal I-9 Form and provide verification of my identity and right to work in the United States.

I understand and agree that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between WNED and myself or to provide any other benefit. I understand that if I am employed by WNED, it will be at-will and may be terminated at any time by me or WNED without cause or prior notice consistent with applicable state or federal law.

Applicant's Signature

Date