



Saratoga Community Television

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Last Four digits of Social Security No.: XXX-XX- _____ Desired Hourly Rate: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this organization? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO
If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Skills Assessment

| | | | |
|---|---------------------------------------|-----------------------------------|-------------------------------|
| 1. Technical experience in operation of a TV studio | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 2. Office Management | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 3. Office Computer Use | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 4. Scheduling Staff | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 5. Scheduling TV Programming | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 6. Oversight of Equipment Use | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 7. Verbal Communication Skills | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 8. Written Communication Skills | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 9. Ability to Work Independently | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |
| 10. Support to the Board of Directors | CONSIDERABLE <input type="checkbox"/> | SOMEWHAT <input type="checkbox"/> | NONE <input type="checkbox"/> |

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please attach additional sheets to expand on the above information or to add other information in support of your application.