

UNIVERSITY BROADCASTING, INC. APPLICATION FOR EMPLOYMENT

University Broadcasting, Inc. (UBI) is an equal opportunity employer and does not discriminate against an applicant or employer on the basis of race, color, sex, national origin, veteran status, or genetic information, or any other classification protected by applicable law. In the event you believe (UBI) has unlawfully discriminated in any term or condition of employment, you may contact the Federal Communications Commission in Washington, DC 20544 and/or any other responsible federal, state, or local agency.

Date: _____

Name: _____
Last Name
First
M.I.

Address: _____
Street
Apt. #
City
State
Zip

Phone: _____
Home
Cell
Message Phone

Email: _____

Position Desired: _____
 Full-Time Part-Time Seasonal
 Shift Preferred: 1st 2nd 3rd

Salary Expected: _____

Have you previously worked for University Broadcasting? YES NO
 If so, what department? _____

If so, under what name? _____

EDUCATION

Name of College, University, or Technical School	Location City & State	Highest Grade Completed	Graduated (YES or NO)	Degrees, Certificates Received (B.A., B.S., etc.)	Fields of Study Major and/or Minor

Name of High School: _____
City
State

Have you ever been convicted of a felony? Yes No
(A yes answer does not automatically disqualify you from employment since the nature of the offense, and the type of job for which you are applying will be considered.)

If yes, explain: _____

Date of Conviction: _____

Have you ever been discharged from a job? Yes No If yes, explain: _____

ESSENTIAL FUNCTIONS

Have you read a listing of the "essential functions" of the position for which you have applied? Yes No

If no, refer to postings on the bulletin board or ask to review that listing before completing this section.

Are you able to perform or safely perform the essential functions of this job as described, with or without any reasonable accommodations? Yes No

What office machines or other equipment do you operate? (i.e., personal computer, typewriter, 10-key) _____

Estimated typing speed? _____

If you possess PC Skills, what software are you competent in? _____

List any special training, achievements, skills, military training that you possess which relate to the job for which you are applying. _____

Can you work over 40 hours per week? _____ Weekends? _____ Holidays? _____

Are you related to anyone at UBI? _____

EMPLOYMENT HISTORY

List below your experience, beginning with your present or most recent position. Attach additional sheets if necessary.

Name of Company: _____ Employment Dates: _____ to _____

Address: _____ Rate of Pay: _____ Job Title: _____

Full-time? Yes No

City _____ State _____ Zip _____

Describe in detail the work you did: _____

Name of Supervisor: _____ Phone: _____

Reason for Leaving: _____

Name of Company: _____ Employment Dates: _____ to _____

Address: _____ Rate of Pay: _____ Job Title: _____

Full-time? Yes No

City _____ State _____ Zip _____

Describe in detail the work you did: _____

Name of Supervisor: _____ Phone: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY con't.

Name of Company: _____ **Employment Dates:** _____ to _____

Address: _____ **Rate of Pay:** _____ **Job Title:** _____

_____ **Full-time?** Yes No

City _____ State _____ Zip _____

Describe in detail the work you did: _____

Name of Supervisor: _____ **Phone:** _____

Reason for Leaving: _____

Name of Company: _____ **Employment Dates:** _____ to _____

Address: _____ **Rate of Pay:** _____ **Job Title:** _____

_____ **Full-time?** Yes No

City _____ State _____ Zip _____

Describe in detail the work you did: _____

Name of Supervisor: _____ **Phone:** _____

Reason for Leaving: _____

Name of Company: _____ **Employment Dates:** _____ to _____

Address: _____ **Rate of Pay:** _____ **Job Title:** _____

_____ **Full-time?** Yes No

City _____ State _____ Zip _____

Describe in detail the work you did: _____

Name of Supervisor: _____ **Phone:** _____

Reason for Leaving: _____

Name of Company: _____ **Employment Dates:** _____ to _____

Address: _____ **Rate of Pay:** _____ **Job Title:** _____

_____ **Full-time?** Yes No

City _____ State _____ Zip _____

Describe in detail the work you did: _____

Name of Supervisor: _____ **Phone:** _____

Reason for Leaving: _____

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Type: _____ State Issued: _____ Expiration Date: _____

Cert. #: _____ Annual #: _____

Type: _____ State Issued: _____ Expiration Date: _____

Cert. #: _____ Annual #: _____

Please list professional organizations, special interests, or hobbies (omit any which might indicate race, gender, age, national origin, disability, or veteran status, or genetic information). _____

Please give a brief statement of your career objective. _____

SPIRITUAL INFORMATION

Name and location of church you attend: _____

Are you a regular attendant? _____

Do you take an active part? If so, what activities are you engaged in? _____

Have you accepted Jesus Christ as your personal Savior and Lord? _____

Do you believe God saves the soul of man? _____

PERSONAL INFORMATION

Are you familiar with the life-style of Oral Roberts University? Yes No

Do you use tobacco in any form? Yes No

Do you use intoxicating drinks in any form? Yes No

Are you authorized to work in the United States for any employer: Yes No

Will you now or in the future require employment visa sponsorship: Yes No

Are you related to anyone employed at ORU? Yes No

Please explain, briefly, why you wish to be employed by University Broadcasting. _____

REFERENCES

List three (3) persons, other than relatives, who have been well acquainted with you within the past two years.

Name	Occupation	Address/City/State/Zip	Telephone

In completing this application, I understand that if a conditional offer of employment is extended, I will conform to the rules and regulations of the company, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. No agreement or representation in regard to term or condition of employment shall be enforceable against or recognized by University Broadcasting, Inc. (UBI) unless in writing and signed by the President or Vice President.

I authorize UBI to make an investigation of all information contained in this application for employment, and I release from liability all companies, corporations, or personal references named or to whom the university may refer to in supplying such information. I understand that any false answers, statements, omissions or implications made by me on this application or in the interview process shall be considered sufficient cause for denial of employment or immediate discharge. Upon termination of my employment, I release UBI from any and all liability. I authorize the request of a copy of my motor vehicle driving record and any other investigative report or criminal arrest check deemed necessary from various third party sources. If requested, I will take a physical examination after a job offer has been extended and I understand that my employment will be conditional upon passing such exam. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time. I have read and understand the above and acknowledge that the information provided is complete and accurate.

POLICY STATEMENT

Every employee of UBI has an important role to play in the Oral Roberts University's Christian mission. It is required, as a condition of employment that each employee sign and abide by our Honor Code Pledge. As you read the Pledge, you will note that, among other things, those who sign it are agreeing to abstain from all illegal drugs. It is the policy of UBI to prohibit the unlawful use, manufacture, distribution, dispensation, or possession of any controlled substance. We want you to know now, before you further consider employment, that violation of this policy is considered a serious violation of the Code of Honor Pledge, and is cause for immediate discharge. Please sign below, if you are in agreement with this policy.

Signature of Applicant

Date

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Print Applicant Name _____ Position Applying for: _____

In compliance with FCC (Federal Communications Commission) regulations, employers are required to request the following information from applicants applying for a position at a television station.

From what source did you learn of the opening for which you are applying? Please complete all that apply.

- Tulsa World
- Website (please specify)
- Magazine (please specify)
- Other (please specify)

Affirmative Action Program Applicant Information Form

University Broadcasting (UBI) is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Equal Employment Opportunity and Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as a disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in reports are required. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

Section 1: General Information

Name:	Date ____/____/____
Position applied for:	

Section 2: Please check all that apply

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Veteran Status: <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era <input type="checkbox"/> Other Veteran
<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Resident alien (and other eligible non-citizens) (A person who is not a citizen or national of the US but who has been admitted as a legal immigrant for the purpose of obtaining permanent resident alien status and holds either an alien registration card, a temporary resident card, or an arrival-departure card or a Section 207 Refugee or Section 208 Asylee status.)
<input type="checkbox"/> Nonresident alien (A person who is not a citizen or national of the U.S. and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely.)
If you checked U.S. Citizen or Resident Alien, complete the following.
Race or Ethnic Identity:
<input type="checkbox"/> Yes - Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)
<input type="checkbox"/> No - Hispanic or Latino
If you checked <u>No</u> above, select <u>one</u> or <u>more</u> of the following (as applicable):
<input type="checkbox"/> Black or African American (All persons having origins in any of the Black racial groups of Africa.)
<input type="checkbox"/> White (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
<input type="checkbox"/> American Indian or Alaska Native (All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.)
<input type="checkbox"/> Asian (All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/> I do not wish to Self-Identify
Signature _____ Date _____