

## WDWS/WHMS Employment Opportunities

At this time, WDWS/WHMS does not have any employment openings.

However, if you would like to place an application on file for future openings please feel free to download an employment application.

Mail or hand deliver your completed application.

Mailing address: General Manager  
WDWS/WHMS  
Box 3939 Champaign, IL 61826-3939

Office address: 2301 South Neil, Champaign, Illinois  
Business hours 8AM – 5PM, Monday-Friday

WDWS/WHMS is an Equal Opportunity Employer

# Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

*You must fully and accurately complete this form. Incomplete applications will not be considered.*

*This application will be inactive after 90 days. If you want to be considered after that time, you must complete a new application.*

For which company are you applying?  The News-Gazette  WDWS and WHMS  Other \_\_\_\_\_

Position applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number(s) Day \_\_\_\_\_ Night \_\_\_\_\_ When is the best time to call? \_\_\_\_\_

E-mail address and/or Web site URL \_\_\_\_\_

Are you applying for:  Full time  Part time  Internship  Temporary

How were you referred to this organization?  Job Fair  Word of mouth  Other \_\_\_\_\_

Job posting at school or agency  Internet posting  Ad in The News-Gazette

Have you ever been employed by any of The News-Gazette, Inc. companies?  Yes  No

Which one? \_\_\_\_\_ When were you employed? \_\_\_\_\_ to \_\_\_\_\_

Do you have relatives currently employed by this organization?  Yes  No

If yes, list their name and department \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has notice been given to present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Since reaching age 18 have you ever been convicted of a felony?

Yes  No (Note: Convictions will not necessarily disqualify you from employment. Applicants are not obligated to, and should not, respond with respect to any conviction of record that has been sealed or expunged.)

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are hired, can you supply the required documentation to verify your lawful right to work in the United States?

Yes  No

PERSONAL INFORMATION

School Name & Address	Course of Study	Circle last year completed	Diploma or Degree
High School _____ _____	_____	1 2 3 4	_____
College _____ _____	_____	1 2 3 4	_____
College _____ _____	_____	1 2 3 4	_____
Technical or business _____ _____	_____	1 2 3 4	_____

Describe any specialized training, apprenticeships or skills that may enhance your ability to perform the job you are applying for \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any job-related training received in the U. S. Military, National Guard, Reserves \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Specialized Skills*

COMPUTERS
<input type="checkbox"/> Macintosh
<input type="checkbox"/> PC
<input type="checkbox"/> UNIX
<input type="checkbox"/> LINUX
<input type="checkbox"/> Other (describe)
_____
_____
_____
_____

SOFTWARE
List software programs you are proficient in _____ _____
Database _____
Layout/Design _____
Spreadsheets _____
Word Processing _____
Other _____

ADDITIONAL SKILLS
10 key _____
Telephone skills _____
Typing WPM _____
Language other than English _____ _____
CDL _____
Heavy lifting pounds _____

State any additional information you feel may be helpful to us in considering your application.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Employment Experience

Start with your present or most recent job. You may include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Account for all periods of time including periods of unemployment. If self-employed, give name of firm and business references. You may attach an additional page if necessary.

EMPLOYMENT EXPERIENCE

Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor	Starting		
Reason for Leaving		Final		
Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor	Starting		
Reason for Leaving		Final		
Employer		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
Telephone Number(s)		<b>Hourly Rate/Salary</b>		
Job Title	Supervisor	Starting		
Reason for Leaving		Final		

May we contact these employers for references about your employment?  Yes  No

In any previous employment did you receive serious reprimands for poor performance or alleged misconduct?

Yes  No If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please complete the back page.**

Note to Applicants: TO BE COMPLETED AT INTERVIEW. DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Have you been informed of the requirements of the job for which you are applying?

Yes     No

Are you capable of performing the activities involved in the job or occupation for which you have applied, with or without accommodation?

Yes     No

Please list three references (not relatives) who are acquainted with your work history.

Name	Title/Occupation	Company/Address	Phone Number
1.			
<i>How do you know this person?</i>			
2.			
<i>How do you know this person?</i>			
3.			
<i>How do you know this person?</i>			

I authorize investigation of all statements contained herein and of the references of previous employers listed above to give the employer any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing the same to you.

If I am employed by the employer, I agree to comply with all current and future rules, regulations and employment policies of the employer.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that, if employed, my employment is "at will" and may be terminated at any time for any reason by myself or The News-Gazette, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Attention previous employers:*

I hereby authorize you to release information regarding my prior employment to The News-Gazette, Inc. for purposes of its pre-employment investigation. You are released from any and all liability that may result from the furnishing of such information.

Printed name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE

# Employment Inquiry Release

*This form must be completed for you to be considered for employment.*

In consideration for employment or promotion, The News-Gazette, Inc. may make inquiries into your previous work history, driving record, and, on our behalf, Verified Credentials, Inc. may make inquiries into your criminal history.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of the information obtained from Verified Credentials, Inc. Upon your written request, we will provide a copy of the report we receive and the FTC notice "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the following form authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions, and private information bureaus contacted by Verified Credentials, Inc. or The News-Gazette, Inc. to furnish any or all of the above information. Your authorization releases Verified Credentials, Inc. and The News-Gazette, Inc. from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons who, in good faith, provide to Verified Credentials, Inc. or The News-Gazette, Inc. the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or a fax copy of this authorization to be as valid as the original.

You may request a copy of this completed form for your records.

Please print the following information clearly:

Print Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Date of birth is being requested only for purposes of identification in obtaining accurate records and will not be used for discriminatory purposes.