

Be sure you read all instructions carefully. Please print in dark ink or type. Complete all pages of this application. Incomplete and/or unsolicited applications will not be considered.

## Applicant General Information

Name _____ Last First MI			Date _____
Date of Birth _____		Social Security Number _____	
Address _____ Street Address City State Zip			
Home Telephone _____		Work Telephone _____	Cell/Other Number _____
Preferred Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			Best Time of day to call: _____
Email Address: _____			

## Position/Placement Information

Position applied for: _____		Desired Salary: _____
Are You interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	What Schedule are you available to work? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
What date are you available to start work? _____		
Please state specific hours you can work: _____		
Are you willing to work additional hours/overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____		
What language(s) do you speak or write fluently? _____ <i>Most positions require proficiency in English</i>		
How were you referred to APG or its affiliated entities?		
<input type="checkbox"/> Employee Referral	_____ Name	
<input type="checkbox"/> Newspaper/Radio	_____ Name	
<input type="checkbox"/> Internet	_____ Website	
<input type="checkbox"/> Other	_____ Please Specify	

APG Media East is an equal opportunity employer. APG is committed to providing equal employment opportunity to all qualified applicants and employees without regard to sex, race, color, national origin, age, religion, disability, sexual orientation, marital status, or other protected class status.

## Additional Information

Have you ever worked for APG or any of its affiliated entities before?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide information: Entity: _____ Location: _____	
Dates Worked: _____ to _____ Reason for leaving: _____	
Name worked under at APG or any of its affiliated entities (if different from current name): _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for an H-1B or other type of employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Educational Background

List all schools (starting with High School) that you have attended:							
Name of School	Location	Year	Diploma/GED Degree/Certificate	Major Course of Study			
_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____			
_____	_____	_____	_____	_____			
<table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>Computer Skills:</b>            I use the computer  <input type="checkbox"/> 0-1 times/week  <input type="checkbox"/> 3 times/week  <input type="checkbox"/> 5+ times/week         </td> <td style="width: 33%;">           I think my computer skills are:  <input type="checkbox"/> Beginner  <input type="checkbox"/> Intermediate  <input type="checkbox"/> Advanced         </td> <td style="width: 34%;"></td> </tr> </table>					<b>Computer Skills:</b> I use the computer <input type="checkbox"/> 0-1 times/week <input type="checkbox"/> 3 times/week <input type="checkbox"/> 5+ times/week	I think my computer skills are: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
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Software Knowledge- Please list (i.e. Word, Excel, PowerPoint, Outlook, industry specific software, etc.)							
Describe other special knowledge, skills, and/or individual capabilities you have which especially prepare you for the position applied:							



## References

Please list 3 professional references. (Do not include relatives)					
Name	Title	Address	Phone	Email	Years Known
Name	Title	Address	Phone	Email	Years Known
Name	Title	Address	Phone	Email	Years Known

## Background Information

<p>Have you ever been discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>YES</b>, please explain:</p>  
<p>Have you pled guilty to, pled no contest to, or been convicted of any crime, including but not limited to any summary offenses, misdemeanors, or felonies in the last 7 years for which the record has not been sealed or expunged, including driving violations? <i>Some examples include, but are not limited to Underage Drinking, DUI, Reckless and/or Careless Driving, and Disorderly Conduct.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Note that a guilty plea, no contest plea, or conviction of a crime is not an absolute bar to employment with APG. Your answer is looked upon as only one of the factors considered in the employment decision and is evaluated in terms of the nature, severity, and date of the offense and relation to your suitability for the position for which you are applying.</i></p> <p>If <b>YES</b>, please explain all (include crime, date(s) and location(s)):</p>  
<p>State any additional information you feel may be helpful to us in considering your application:</p>    

### Please Read Before Signing – Acknowledgment

1. I understand that nothing contained in this form or in the entire application process (including employment interview) is intended to establish an employment contract between me and the company. I have received no verbal promises regarding employment, and recognize that no such guarantee is binding upon the company unless made in writing. I understand that, if employed, my employment is “at will” which means I may terminate my employment at any time, for any reason, with or without cause, and with or without advance notice, and that the company has the same right.
2. If I am offered and accept a position, I understand that I will be required to provide documents that establish my identity and my employment eligibility in accordance with the Immigration Reform and Control Act of 1986.
3. I further understand that the accuracy and completeness of my statements will be relied upon by APG and its affiliated entities. I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed. I hereby authorize investigation of all statements contained in this application and/or resume and permit ACM and its affiliated entities to obtain any transcripts, records, or documents pertaining to any background and experience referenced herein. I agree to release APG and its affiliated entities and current and past employers or other entities of any liability arising from such investigation.
4. I certify that the information provided on this application (and accompanying resume, if any) is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may result in my dismissal from employment, if discovered at a later date.
5. If I am offered employment, I agree to submit to drug testing, and I understand my becoming employed and/or my continued employment may be subject to my drug testing results in accordance with company policies and procedures.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT

As part of employment process, an investigative consumer report may be prepared regarding an applicant’s character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of such as report, if made, will be provided upon the applicant’s written request.

I authorize investigation of all matters contained in this application which Adams Publishing Group may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to Adams Publishing Group and such persons are hereby released from all liability for issuing such information. Adams Publishing Group will keep all such information confidential except where such information is required to be released by law or order of a court or other authority. I understand and agree that I will be subject to immediate dismissal if it is subsequently discovered that the information contained herein is untrue or that I have failed to disclose a material fact. I understand that if employed by Adams Publishing Group, such employment will occur at will and no contract of employment, express or implied is created and that no representative of Adams Publishing Group has any authority to enter into any agreement for employment of any specific period of time, or to make any agreement contrary to the foregoing. I understand that if I receive an offer of employment and I accept the position, I will be required to complete additional information necessary for company record keeping requirements.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICANT DISCLOSURE FOR DRIVING POSITIONS**

You are applying for the position of \_\_\_\_\_. One of the essential job duties of the \_\_\_\_\_ position is driving. We believe it is essential for individuals who are required to drive on Company business to have good driving records because of the potential for injury or harm to the employee and/or to other individuals in the event of an automobile accident.

As part of the application process for the position of \_\_\_\_\_, we require that you disclose any moving driving violations (other than minor non-moving violations, such as parking tickets). This includes speeding tickets, driving while intoxicated (DWI), driving under the influence (DUI), reckless driving, or other moving violations:

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**Failure to disclose a violation may be considered falsification and misrepresentation of facts on your application and if later discovered, may result in your termination from employment. If you are unsure of your driving record, you may request and obtain a driving history (Motor Vehicle Record) from the Department of Motor Vehicles.**

Violations of traffic laws and regulations will be considered on an individualized, case-by-case basis, and factors to be considered will include the nature and date of the violation(s) and the nature of the job. Where indicated, the Company will conduct a further individualized assessment that would consist of notice to the applicant for an opportunity to demonstrate that any violations or offenses listed above should not be considered to exclude him/her from consideration. The Company will make the final determination based on the information provided by the individual, the nature of the job and business necessity.

PLEASE SIGN BELOW TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THIS DISCLOSURE REQUIREMENT:

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS