



Pre Employment Application & Questionnaire
Lufkin Educational Broadcasting Foundation
(Equal Opportunity Employer)



Applications are considered for all positions without regard to race, color, sex, national origin, age marital or veteran status, or the presence of a non-job-related medical condition or handicap

(PLEASE PRINT)

Date _____

Position(s) Applied for: _____ Amount of Monies needed _____

Name: _____
(last) (first) (middle)

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Cell Phone : () _____

Home Phone: () _____ Fax Number: () _____

E-mail: _____ Social Security Number _____ \ _____ \ _____

Are you employed now? Yes () No () If so, may we inquire of your present employer? Yes () No ()

If you are employed and you are under 18, can you furnish a work permit? Yes () No ()

Have you ever filed an application here before? Yes () No () If Yes, give date _____

Have you ever been employed here before? Yes () No () If Yes, give date _____

Indicate any languages you speak, read and/or write: _____ Fluent () Good () Fair ()

Are you legally eligible for employment in the United States? Yes () No ()

Have you been convicted of a felony within the last 5 years? Yes () No ()

If Yes, Explain: (conviction will not necessarily disqualify applicant)

Are you a Veteran of U. S. Military Service? Yes () No () If Yes, give branch: _____

Education – Include Name and Location of School

High School: _____ Did you graduate? Yes () No () Highest grade attained: _____

Trade School: _____ Did you graduate? Yes () No () Field achieved _____

Training or subjects studied _____

College: _____ Did you graduate? Yes () No ()

Highest level or degree _____ Major and Minor _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Employment History

Employer _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____

Dates-From _____ To _____ Work performed _____

Hourly rate/Salary _____ Reason for leaving _____

Employer _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____

Dates-From _____ To _____ Work performed _____

Hourly rate/Salary _____ Reason for leaving _____

Employer _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Supervisor _____

Dates-From _____ To _____ Work performed _____

Hourly rate/Salary _____ Reason for leaving _____

Special Skills and Qualifications

Summarize and explain how acquired _____

Religious Exemption

Because we are a 501 c3 non-profit organization broadcasting and licensed by the Federal Communications Commission and have opted for a religious exemption, we may ask the following questions.

Are you uncomfortable talking about Jesus Christ? Yes () No ()

Have you asked Jesus Christ to be your personal Lord and Savior? Yes () No ()

When and where did you first meet Jesus Christ? _____

Who or what was most important in leading you to Christ? _____

Could you lead someone to Christ? (Are you familiar with the plan of Salvation?) Yes () No ()

Current Church Home _____ Pastor's Name _____

Please list any Christian organizations or ministries you have volunteered for in the past. _____

If your job required it, would you have a problem praying or ministering over the air? Yes () No ()

List your Favorite 2 hobbies _____

List your favorite book _____ Movie _____

List your favorite color _____ Food _____

List your favorite holiday _____ Why? _____

List your favorite sporting activity _____

List your favorite family activity _____

What type of music do you prefer _____

State any additional information you feel may be helpful to us in considering your application _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Lufkin Educational Broadcasting Foundation /KSWP/KAVX.

Signature Date

Applicants, Do Not Write Below This Point

Interviewed by _____ Date _____

Second Interview by _____ Date _____

Hired: Yes () No () Position _____ Department _____

Salary/Wage: _____ Date to report to work: _____