



**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: \_\_\_\_\_

### Interviewee Profile Data Form

We request this information in order to meet EEO requirements of the Federal Communications Commission. It will be maintained in a file separate from your application and will not be considered in connection with your application. Please complete and check items applicable to you.

(FOR INTERNAL BUSINESS RECORDS ONLY)

A. Name: \_\_\_\_\_ Date: \_\_\_\_\_

B. Vacancy applied for (Job Title): \_\_\_\_\_

C. Date you submitted application or resume: \_\_\_\_\_

D. Male \_\_\_\_\_ Female \_\_\_\_\_

E. Nationality

- White, not of Hispanic origin-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black, not of Hispanic origin- A person having origins in any of the black racial groups of Africa.
- Hispanic-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.
- Asian or Pacific Islander-A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This are includes, for example, China, Japan, Korea, the Phillipine Islands, and Samoa.
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

F. What prompted you to apply? (Please check primary reason only)

- |   |  |                                 |
|---|--|---------------------------------|
| <input type="checkbox"/> Advertisement          | <input type="checkbox"/> Employee Referral     | <input type="checkbox"/> School |
| <input type="checkbox"/> Agency                 | <input type="checkbox"/> Non-Employee Referral | <input type="checkbox"/> Self   |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Other _____           | <input type="checkbox"/>        |

G. Please identify the referral source by name, and provide any additional contact information you know about that source or that is applicable to your situation, including address, phone, e-mail, and contact person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. City, state and zip code of your home address:

\_\_\_\_\_

(For station use only)

Referral Source Entitled To  
 Notification Upon Request? Yes ( ) No ( )  
 Interviewee hired? Yes ( ) No ( )  
 If yes, date accepted: \_\_\_\_\_