



Applicant Demographic Information Form



We request this information in order to meet EEO requirements of the Federal Communications Commission. It is used to determine if our recruitment efforts are reaching all segments of the population and will be maintained confidentially and separate from your application and will not be considered in connection with your application.

(FOR INTERNAL BUSINESS RECORDS ONLY)

A. Name: _____ Date: _____

B. Vacancy applied for (Job Title): _____

C. Date you submitted application: _____

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 or Latino-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, Cambodia, China, Vietnam, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North or South America (including Central 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="radio"/> Advertisement | <input type="radio"/> Employee Referral | <input type="radio"/> School |
| <input type="radio"/> Agency | <input type="radio"/> Non-Employee Referral | <input type="radio"/> Job Fair-Give Location:
_____ |
| <input type="radio"/> Community Organization | <input type="radio"/> Other _____ | |

Please list name of agency, employee, organization, advertising source, etc. and any contact info about the place or person you heard about this job opening.



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, 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: _____

The ability to lift 20 lbs or more is required – Can you lift or carry 20lbs or more? Yes () No ()

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? _____

Do you listen to 90.9 KSWP and/or 91.9 KAVX? Yes () No ()

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 or worked for in the past.

If your job required it, would you have a problem praying or ministering over the air, in person or on the phone?

Yes () No ()

What does your personal devotional time look like?

What do you believe are foundational Biblical principles required to build or work for a ministry?

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

I understand this job requires the ability lift 20 lbs or more

I understand I may be required to work, nights, weekends and holidays

I understand KSWP/KAVX property is a smoke-free campus and smoking is not permitted while working at station events

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: _____