



WGFA Radio  
1973 E. 1950 North Road  
Watseka, IL 60970  
815-432-4955  
[941fm@wgfaradio.com](mailto:941fm@wgfaradio.com)  
[www.wgfaradio.com](http://www.wgfaradio.com)

It is the policy of WGFA Radio to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

### Application Information

Application full name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ cell / home      Evening phone: \_\_\_\_\_ cell / home  
Driver's license: \_\_\_\_\_      State: \_\_\_\_\_

### Emergency Contact

Who should be contacted in you are involved in an emergency?  
Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Job Information

Position applied for: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_  
Salary desired: \$ \_\_\_\_\_ Per: \_\_\_\_\_  
Who referred you to our company? \_\_\_\_\_  
Do you have any friends or relatives who work here? If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when and what position? \_\_\_\_\_  
Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations? \_\_\_\_\_

If applicable, are you available to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are offered employment, when would you be available to begin work? \_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability/Rating
( ) Typing	_____	1 2 3 4 5
( ) Microsoft Office Suite (Word, Excel, etc)	_____	1 2 3 4 5
( ) Accounting / Bookkeeping	_____	1 2 3 4 5
( ) Filing	_____	1 2 3 4 5
( ) Answering Phones	_____	1 2 3 4 5
( ) Customer Service	_____	1 2 3 4 5
( ) Sales / Marketing	_____	1 2 3 4 5
( ) Adobe Audition	_____	1 2 3 4 5
( ) Wide Orbit Automation	_____	1 2 3 4 5
( ) Voiceover	_____	1 2 3 4 5
( ) Broadcasting	_____	1 2 3 4 5
( ) Visual Traffic	_____	1 2 3 4 5

### Applicants Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer name: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Dates of employment (month / year): \_\_\_\_\_

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

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

Job duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer name:** \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Dates of employment (month / year): \_\_\_\_\_

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

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

Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer name:** \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Dates of employment (month / year): \_\_\_\_\_

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

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

Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicants Education**

College or University name and address: \_\_\_\_\_  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School / GED name and address: \_\_\_\_\_  
\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other training (graduate, technical, vocational)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No Branch: \_\_\_\_\_

Specialized training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

List any two non-relatives who would be willing to provide a reference for you.

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

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Additional Information

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer

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

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize WGFA Radio to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its General Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of WGFA Radio, except in a specific written contract of employment signed on behalf of the organization by its General Manager, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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APPLICANT SIGNATURE

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DATE