



KQDK (Denver) / KQCK (Cheyenne) - Rocky Mountain CTN (Christian Television Network)
 8081 E. Orchard Road, Suite 225, Greenwood Village, CO 80111
 Phone: 720.504.2855
www.rockymountainctn.com

EMPLOYMENT APPLICATION

501c3 organization

PLEASE TYPE, OR PRINT CLEARLY WITH A PEN. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Name _____ Date _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

Are you 18 years of age or older? _____ yes _____ no (If hired, you may be required to submit proof of age.)
 Date available for employment? _____ Hours available _____
 If hired, can you furnish proof you are eligible to work in the U.S.? _____ yes _____ no

Position Desired: 1st Choice _____ 2nd Choice _____
 Full-time _____ Part-time _____ How did you hear about this opportunity? _____

Please list the skills that best equip you for the position for which you are applying _____

What is your knowledge of Christian Television Network (Rocky Mountain CTN)? Why would you like to apply here?

Have you applied here before? ___ yes ___ no _____ (mo/yr) Under what name? _____

Have we previously employed you? ___ yes ___ no If yes, under what name, dates and former position.

Are you now or do you expect to be engaged in any other business or employment? _____ yes _____ no
 If yes, please explain _____

Do you have a valid driver's license? _____ yes _____ no Class of License _____

State _____ Do you have proof of automobile liability insurance? _____ yes _____ no

Have you had any moving violations or your driver's license suspended or revoked in the last three years?
 _____ yes _____ no If yes, please explain _____

Have you ever been **convicted of a misdemeanor and/or felony offense?** _____ yes _____ no

If yes, date of conviction and type _____ (A yes answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered.)

Please explain _____

Have you ever been investigated by any governmental agency for any form of abuse, including complaints or allegations of child abuse or molestation, regardless of whether the complaints were ultimately prosecuted or not?
 _____ yes _____ no If yes, what was the nature of the offense(s)? Be specific in your response.

List the cities/states in which you have resided: _____

Have you ever been discharged or asked to resign from a job? _____ yes _____ no If yes, please explain (include dates) _____

EDUCATION

High School/ University/Technical	City & State	Field of Study	Graduated Yes/No	Diploma/Cert. Or Degree

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

List all licenses, certificates, and/or professional, trade, business, or civic activities and offices held that may qualify you to perform job-related functions in the position for which you are applying:

Licenses/Certificates, etc.	State	Professional Activities

OFFICE & TECHNICAL SKILLS

Please check items that apply:

() 10-Key	() Computer	() Software Used:		
() Typing wpm _____	() Switchboard	() Video Reproduction	() Equipment Repair	() Electrical
() HVAC	() Painting	() Plumbing	() Grounds Keeping	() Other:

REFERENCES

List three references, not relatives or former employers:

Name	Business	Yrs Known	Phone Number
			Hm: Wk:
			Hm: Wk:
			Hm: Wk:

EMPLOYMENT HISTORY

List names of employers in consecutive order **with present or last employer listed first**. Account for all periods of time including military service and any period of unemployment. If self-employed, give company name and supply business references.

Company Name: Address: City, State, Zip: Supervisor Name: Supervisor Telephone:	Dates Employed: From _____ (mo/yr) To _____ (mo/yr) Pay: Start: \$ _____ Final/Current: \$ _____
Job Title:	Reason for Leaving: <i>(if applicable)</i>
Duties:	

Company Name: Address: City, State, Zip: Supervisor Name: Supervisor Telephone:	Dates Employed: From _____ (mo/yr) To _____ (mo/yr) Pay: Start: \$ _____ Final: \$ _____
Job Title:	Reason for Leaving:
Duties:	

Please attach a resume if you have had more than two employers OR if employment history listed above is less than two years. NOTE: The above information (including pay) must be completed even if attaching a resume.

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigation consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all-medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to undergo a criminal background investigation which may include fingerprint screening. I understand that I will be given a copy of the report if an adverse response is received from the background investigation.

I understand I may be required to pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT THE COMPANY CAN CHANGE WAGES, BENEFITS AND CONDITIONS AT ANY TIME. IF I AM HIRED, MY EMPLOYMENT WILL BE EMPLOYMENT-AT-WILL UNDER COLORADO LAW, AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ **Date:** _____

This application for employment will remain active for a limited time.

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.