



**Aleutian Peninsula Broadcasting**  
 Post Office Box 328  
 Sand Point, Alaska 99661  
 www.KSDPradio.com

## APPLICATION FOR EMPLOYMENT

Aleutian Peninsula Broadcasting, Inc. and KSDP AM are equal opportunity employers. KSDP seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of religion, sex, national origin, or age. Such discriminatory practices are specifically prohibited by law and station policy. If you believe your equal employment rights have been violated, you may contact the Federal Communications Commission, the Equal Employment Opportunity Commission or the appropriate state or local EEO agency.

NAME (LAST)		FIRST		M.I.		SOCIAL SECURITY NUMBER - -	
MAILING ADDRESS			CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
ARE YOU AT LEAST 18 YEARS OLD ? <input type="checkbox"/> Y <input type="checkbox"/> N		POSITION DESIRED			SALARY DESIRED		DATE AVAILABLE
RADIO OPERATOR LICENSE ? <input type="checkbox"/> Y <input type="checkbox"/> N		DATA /OFFICE EQUIPMENT YOU CAN OPERATE			TYPING WPM	SHORTHAND WPM	
LIST PHYSICAL DISABILITIES OR CHRONIC DISEASES THAT MAY INTERFERE WITH YOUR JOB PERFORMANCE							
HOW DID YOU HEAR ABOUT THE OPENING ? <input type="checkbox"/> KSDP <input type="checkbox"/> KSDPRADIO.COM <input type="checkbox"/> FLYER <input type="checkbox"/> OTHER				ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S. AND IN ALASKA ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF YES, PLEASE EXPLAIN. (CONVICTION RECORD IS NOT NECESSARILY A BAR TO EMPLOYMENT. RELEVANT FACTORS WILL BE EVALUATED.)</small>							
EMPLOYMENT HISTORY – LIST ALL EMPLOYMENT SINCE/DURING HIGH SCHOOL, MOST RECENT FIRST							
NAME OF EMPLOYER		FROM MO.	YR.	TO MO.	YR.	POSITION	REASON FOR LEAVING
1.							
2.							
3.							
4.							
5.							
6.							
LIST EDUCATION, TRAINING AND EXPERIENCE RELEVANT TO THE POSITION APPLIED FOR							

I certify that the statements I have made are true to the best of my knowledge and I authorize the licensee to investigate the accuracy and completeness of the information provided.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_/\_\_\_\_/200\_\_\_\_  
**DATE**