



KXO RADIO INC 420 MAIN STREET, EL CENTRO, CA 92243 (760)352-1230

## **Employment Application**

		Applicant Info	rmation					
Full Name:					Date:			
	Last	First		M.I.				
Address:								
	Street Address				Apartment/Unit #			
	City			State	ZIP Code			
Phone:		Ema	ail					
		Desired						
Date Availal	ole:	Salary: <u>\$</u>						
Position App	olied for:							
YES NO Are you authorized to work in the U.S.?								
Have you ever worked for this company?  YES NO  If yes, when?								
	_	Education	on	_				
High School	:	Address:						
From:	To:		ES NO	Diploma:				
College: Address:								
			ES NO					
Other:		Address:						
From:	To:	YŁ Did you graduate? [	ES NO	Degree:				

References						
Please list t	three professional references.					
Full Name:				Relationship:		
Company:				Phone:		
Address:						
Full Name:				Relationship:		
Company:				Phone:		
Address:						
Full Name:				Relationship:		
Company:						
Address:						
	Previous E	mployme	ent			
Company:				Phone:		
Address:				Supervisor:		
Job Title:						
Responsibili	ities:					
From:	To:					
May we con	tact your previous supervisor for a reference?	YES	NO			
,	<u> </u>	_				
Address:				Supervisor:		
Job Title:						
Responsibili	ities:					
From:	To:	Reason fo	or Leaving:_			
May we con	tact your previous supervisor for a reference?	YES	NO			

Company:		Phone:
A 1.1		Supervisor:
Job Title:		
Responsibilities:		
	To:	
		YES NO
May we contact yo	our previous supervisor fo	r reference?
_		Military Service
Branch:		·
Rank at Discharge:		Type of Discharge:
Type of work while in	service::	
		sclaimer and Signature
I certify that my answ		te to the best of my knowledge.
If this application leadinterview may result		erstand that false or misleading information in my application or
Signature:		Date: