



Louisiana Radio Communications, Inc.

P. O. Box 3143
Lake Charles, LA 70602
337-436-7573 Phone / 337-436-6540 Fax

APPLICATION FOR EMPLOYMENT

Date: _____

Qualified applicants receive equal consideration without regard to race, creed, color, national origin, religion, age, sex, or other factors expressly prohibited by law. Louisiana Radio Communications, Inc. is an equal opportunity employer. LRC will make accommodations in the application process, if needed. Information provided on this application is considered confidential.

SECTION I - Instructions - Please read and follow the instructions in this section before moving to Section II.

Please print your first and last name and your social security number:

Name Social Security Number

To complete this application, please answer each question fully and accurately according to the following instructions. If a question does not apply, indicate NA in the space provided. Attach additional pages if necessary to complete the application. PLEASE PRINT, except where signatures are required. ALL applicants are to complete Sections I thru VI and sign the application in Sec. II.

This application is only valid for ninety (90) days from the above date. If you have not heard from us within 90 days and still wish to be considered for employment with LRC, it will be necessary for you to complete an updated employment application.

Any applicant for employment with Louisiana Radio Communications, Inc. must take and pass a pre-employment drug test prior to being hired. The minimum covered drugs included in the testing are listed below:

- 1. Marijuana 2. Cocaine 3. Opiates 4. Amphetamines 5. Phencyclidine (PCP) 6. Alcohol

SECTION II - All applicants are to read the following information and sign the application below:

All information provided by me on this employment application form is true and correct to the best of my knowledge. I understand that, if employed by LRC, omissions and / or false statements on this application shall be grounds for immediate termination.

I understand that consideration for employment with LRC is contingent upon the results of a reference and/or background check. I therefore authorize LRC to review all statements made on my application for employment and to discuss related information with those responsible for hiring. I also release LRC from all liability for damages from issuing information and authorize companies, schools and persons named herein to provide information to LRC regarding my employment history, character and qualifications.

This employment application does not constitute an employment contract between LRC and me. I understand and agree that, if hired, my employment is not for any definite period of time and either LRC or I may terminate the employment relationship at any time, with or without notice, for any reason not expressly prohibited by law.

I also understand that while policies, programs and procedures may of necessity change from time to time, such at-will status is not subject to change without a written agreement signed by the President of the company.

If employed, I agree to comply with LRC policies and procedures as a condition of employment.

I also acknowledge that LRC has responsibility under the drug and alcohol testing procedures that all employees may be subjected to testing for drugs and alcohol in accordance with company policy.

DATE: SIGNATURE:

Louisiana Radio Communications, Inc.

SECTION III – Personal

Position Applied For: _____

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____ (MAIDEN)

Other Names Used: _____ What Circumstances: _____

Address: _____ (STREET ADDRESS WITH APT. # IF APPLICABLE) _____ (CITY, STATE, ZIP CODE)

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Social Security Number: _____

Date of Birth: _____ Referred By: _____

Drivers License Number: _____ State of Issuance: _____ Expiration Date: _____

Have you ever been previously employed by Louisiana Radio Communications, Inc? _____ Dates: _____

Are there any hours, shifts or days you cannot or will not work? _____ When can you start employment: _____ Wage Desired: _____

Are you willing to accept overtime as required? _____ Field Work as assigned: _____

Can you establish that you may be lawfully employed in this country because of citizenship or immigration status? _____ (Proof required upon employment)

Have you ever been convicted of a crime? Felony or Misdemeanor: _____ Court Date: _____

State, County, Offense: _____

Have you ever tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer you applied for, Yes () or No (). If yes, state when and with which employer:

List all Former Addresses for the last FIVE YEARS, Including City, State & Zip Code and how long you lived in each place:

1. Street, Apt # _____ Dates: From _____ TO _____

City, State, Zip _____

2. Street, Apt # _____ Dates: From _____ TO _____

City, State, Zip _____

3. Street, Apt # _____ Dates: From _____ TO _____

City, State, Zip _____

4. Street, Apt # _____ Dates: From _____ TO _____

City, State, Zip _____

5. Street, Apt # _____ Dates: From _____ TO _____

City, State, Zip _____

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYERS FIRST. Provide all previous employers for the past 10 years. YOU MUST ACCOUNT FOR ANY PERIODS OF UNEMPLOYMENT OR GAPS OF EMPLOYMENT. MILITARY SERVICE WITHIN THE PAST 5 YEARS REQUIRES COPY OF DD-214. (Updated Effective 1/2009)

May We Contact Your Present Employer: _____

Employer: _____

Address: _____ City/State/Zip: _____

Telephone# _____ Fax # or E-Mail Address: _____

Dates of Employment: _____ Starting pay _____ Ending Pay _____

Position: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____ City/State/Zip: _____

Telephone# _____ Fax # or E-Mail Address: _____

Dates of Employment: _____ Starting pay _____ Ending Pay _____

Position: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____ City/State/Zip: _____

Telephone# _____ Fax # or E-Mail Address: _____

Dates of Employment: _____ Starting pay _____ Ending Pay _____

Position: _____ Supervisor: _____

Reason for Leaving: _____

Louisiana Radio Communications, Inc.

Employer: _____

Address: _____ City/State/Zip: _____

Telephone# _____ Fax # or E-Mail Address: _____

Dates of Employment: _____ Starting pay _____ Ending Pay _____

Position: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____ City/State/Zip: _____

Telephone# _____ Fax # or E-Mail Address: _____

Dates of Employment: _____ Starting pay _____ Ending Pay _____

Position: _____ Supervisor: _____

Reason for Leaving: _____

Employer: _____

Address: _____ City/State/Zip: _____

Telephone# _____ Fax # or E-Mail Address: _____

Dates of Employment: _____ Starting pay _____ Ending Pay _____

Position: _____ Supervisor: _____

Reason for Leaving: _____

EDUCATIONAL HISTORY

PLEASE COMPLETE THE FOLLOWING FORM WHEN LISTING FORMAL EDUCATIONAL HISTORY. INCLUDE THE NAME OF THE INSTITUTION ATTENDED, LOCATION OF THE INSTITUTION, DATES OF ATTENDANCE, DATE DIPLOMA WAS RECEIVED, DATE OF DEGREE RECEIVED AND TYPE, PROVIDE TELEPHONE NUMBERS AND FAX NUMBERS FOR THE OFFICE OF THE REGISTRAR, OR THE RECORDS OFFICE FOR EACH INSTITUTION.

HIGH SCHOOL ATTENDED: _____ **DATE GRADUATED:** _____
ADDRESS: _____ **CITY, STATE, ZIP CODE** _____
TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

COLLEGE/UNIVERSITY/VOCATIONAL: _____
LOCATION: (City/State/or Specific Campus): _____
DATES ATTENDED: (From) _____ **(To)** _____
DEGREE RECEIVED: _____ **MAJOR:** _____ **DATE:** _____
TELEPHONE #: _____ **FAX #:** _____

COLLEGE/UNIVERSITY/VOCATIONAL: _____
LOCATION: (City/State/or Specific Campus): _____
DATES ATTENDED: (From) _____ **(To)** _____
DEGREE RECEIVED: _____ **MAJOR:** _____ **DATE:** _____
TELEPHONE #: _____ **FAX #:** _____

COLLEGE/UNIVERSITY/VOCATIONAL: _____
LOCATION: (City/State/or Specific Campus): _____
DATES ATTENDED: (From) _____ **(To)** _____
DEGREE RECEIVED: _____ **MAJOR:** _____ **DATE:** _____
TELEPHONE #: _____ **FAX #:** _____

(IF MORE SPACE IS NEEDED, MAKE AND INCLUDE ADDITONAL PAGES)

CRIMINAL HISTORY

Have you ever been convicted or found guilty by reason of insanity of any of the following in the past 10 years?

YES NO

- Improper transportation of a hazardous material, 49 U.S.C.46312**
- Conveying false information and threats, 49 U.S.C. 46507**
- Murder**
- Assault with Intent to Murder**
- Espionage**
- Sedition**
- Kidnapping or Hostage Taking**
- Treason**
- Rape or Aggravated Sexual abuse**
- Unlawful Possession, Use, Sale, Distribution, or Manufacture of an explosive or weapon**
- Extortion**
- Armed Robbery**
- Distribution of, or intent to distribute, a controlled substance**
- Felony Arson**
- Felony Involving a Threat**

FELONY INVOLVING:

- Third Offense DWI or DUI**
- Willful Destruction of Property**
- Importation or Manufacture of a Controlled Substance**
- Burglary**
- Theft**
- Dishonesty, Fraud, or Misrepresentation**
- Possession or Distribution of Stolen Property**
- Aggravated Assault**
- Bribery**
- Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.**
- Conspiracy or attempt to commit any of the criminal acts listed in this paragraph**

I certify that the statements and information of this form are truthful.

Signature: _____ Date: _____

Louisiana Radio Communications, Inc.

Equal Employment Opportunity / Affirmative Action Employer

Louisiana Radio Communications, Inc. is an equal opportunity employer and does not discriminate in employment opportunities or practices on the basis of race, religion, color, national origin, age, physical or mental disability, sex, marital status, pregnancy, or parenthood. Furthermore, we shall continue to provide equal opportunity to qualified disabled veterans, veterans of the Vietnam LRC, or other eligible veterans.

Every effort shall be made to ensure that all employment decisions, company programs and personnel actions are administered in conformance with the principle of Equal Employment Opportunity. Each of us has a responsibility to support these objectives and to ensure that this policy is fully implemented within our organization. Our Affirmative Action program may be reviewed by employees and applicants with the Human Resources Department. If you wish to self-identify as a Vietnam LRC Veteran, a Disabled Veteran, Other Eligible Veteran, or an individual with a disability, please contact the EEO Coordinator in the Human Resources Department.

Just as we share the responsibility for meeting the challenges of our business objectives, each of us must assume a leading role in making our Equal Employment Opportunity policy work effectively.

Louisiana Radio Communications, Inc. recognizes the value of diversity. Inclusion through all employment decisions and Company programs, employees of all races, ethnic groups, religions, ages, and qualified disabled both men and women are essential to the success of LRC. Louisiana Radio Communications, Inc. is committed to fostering an environment that promotes inclusion, respect, and appreciation for diversity.

Do you have any physical or mental conditions which would limit your capacity to safely and efficiently perform the job you are applying for?

If the above question was answered yes, what can Louisiana Radio Communications, Inc. do, if applicable, to accommodate your limitations?

I, self – identify with the following group (as defined by government terms):

- American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American – A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe, North America or the Middle East.
- Hispanic or Latino (all races) – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Hispanic or Latino (White Race Only) – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, and of any race other than White.
- Unknown

I qualify as:

- A special Disabled Veteran (receives 30% of disability)
- A Vietnam LRC Veteran (Republic of Vietnam service between 02/28/61 and 05/07/75) or military service between 08/05/64 and 05/07/75.
- An other Eligible Veteran (Active duty service member who received a campaign or expeditionary badge – see reverse).

Military Service Dates: From: _____ to _____ Branch Served: _____

I certify that the above information is true and correct to the best of my knowledge.

- Signature

- Printed Name

- Date

Louisiana Radio Communications, Inc.

Applicant's Certification and Agreement: I certify that the facts set forth in this Application for Employment are true and complete to the best of knowledge. I understand that if I am employed, omission of information or false statements on this application or during any Company investigation may result in my dismissal. I authorize Louisiana Radio Communications, Inc. to make an investigation of any of the facts set forth in this application.

During the period of employment, it is Company policy that any patent (s) issued on inventions by an employee are considered the property of the Company. Any employee is prohibited from engaging in the business of providing communications services and or equipment, parts, or other consulting which competes or conflicts with the business of the Company or its customers, unless the employee secures in advance the written permission from the President.

I understand that the employment of Louisiana Radio Communications, Inc. is "at will", which that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. All employment is continued on that basis, unless a different employment relationship is established in writing, signed by the President. I understand that no employee, supervisor, manager, or executive of the Company, other than the President has any authority to alter the employment "at will" relationship. If employed, I understand that I am required to abide by all Company policies, rules, and regulations which the Company may change or establish at its discretion.

Signature of Applicant: _____ Date: _____

W:/Accounting file/LRC Employees/New employee paperwork/Employment Application LRC 2009

Comments

INTERVIEWED BY : _____ DATE: _____

APPROVED _____
NOT APPROVED _____