

Saga Communications of Iowa, LLC.

d/b/a KICD / KMRR RADIO STATIONS

P.O. Box 260

Spencer, IA 51301

712-262-1240

APPLICATION FOR EMPLOYMENT

(Please Print)

1. General Information

Date: _____		Social Security No: _____	
Name: _____			
Last	First	Middle	
Phone Number: _____			
Present Address _____		City _____	State _____
		Zip Code _____	

Position Desired: _____

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.? Yes No
Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application: _____

If under 18, please state your age: _____

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are any of your relatives current or former employees of KICD/KMRR? Yes No

Are you employed now? Yes No If so, may we contact your present employer Yes No

On what date would you be available for work? _____

Are you available to work full time? Yes No Part time? Yes No

Have you ever been convicted of a crime or are there any felony charges pending against you? Yes No

If yes, please explain: _____

A "yes" response does not automatically disqualify a job applicant from further consideration. Each situation is evaluated relative to the job being sought. Factors such as the age and nature of the offense, and rehabilitation, will be taken into account.

If you served in the U.S. Armed Forces, please indicate:

Branch of Service _____

Rank at Discharge _____

Date of Discharge _____

Honorable Discharge? Yes No

2. EMPLOYMENT HISTORY

Start with present and also list all previous employment (use separate sheet if necessary). Start with present employment and work back.

DATES (MONTH & YEAR)	EMPLOYER'S NAME, ADDRESS, & PHONE NUMBER	SUPERVISOR'S NAME & TITLE	POSITIONS	SALARY (STARTING AND ENDING)
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving:</i>				

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

3. Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to KICD/KMRR.

Office Skills/PC Software Experience:

4. ARBITRATION AGREEMENT

If offered employment with KICD/KMRR, I understand that offer is contingent upon my agreement to arbitrate any and all claims that the Company violated applicable law in connection with my employment by the Company. Accordingly, I agree as follows:

1. Any and all claims, disputes, or controversies that I may have in the future that the Company violated applicable law in connection with my employment by the Company or the termination of such employment will be resolved solely and exclusively by final and binding arbitration. This includes, without limitation, and all claims arising under Title VII of the Civil Rights Act, the Family Medical Leave Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act and any other federal, state or local laws.
2. Binding arbitration will be conducted before a mutually selected arbitrator in accordance with the rules of the Federal Mediation and Conciliation Service. Both the Company and I have the right to be represented by Counsel or other authorized representative at such arbitration. The expenses of the arbitrator and the cost of a transcript of the proceedings will be paid by the Company. All other expenses, such as expenses for attorneys, shall be borne by the party incurring them.
3. The decision of the arbitrator will be final and binding on both the Company and me. The arbitrator shall issue a written award, containing findings of fact and conclusions of law within the time limits provided by the national rules for the Resolution of Employment disputes. In determining the award, the arbitrator will be limited in authority where there is a claim of discriminatory termination to awarding reinstatement and/or back pay. With respect to any claim to the effect that I was forced to resign due to illegal discriminatory acts by the Company, the arbitrator will be limited in authority solely to awarding money damages not to exceed back pay plus up to one year of future earnings computed at my last annual compensation level with the Company. This award will be the sole and exclusive remedy of any and all claims.
4. Any claims which I may have against the Company from time to time must be asserted by written notice to the Company no later than 120 days following the termination of my employment. Otherwise, all such claims will be deemed waived and the Company will have no liability for them. Arbitration of a statutory discrimination claim does not waive my right to file a charge with the Equal Opportunity Commission.
5. This agreement is not an offer of employment or a contract of employment but only an agreement to arbitrate. This agreement may not be amended, altered or waived except by the signed written agreement of both the Company and me.

I HAVE READ THIS AGREEMENT, I UNDERSTAND WHAT IT SAYS, AND I AGREE TO ALL OF ITS PROVISIONS.

Name

Date

6. DISCLOSURE AND AUTHORIZATION

I certify that the information given in this Application and related documentation is true and complete. I understand that KICD/KMRR may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize the Company to do the same. I also authorize all individuals, school and employers named, except as specifically limited on this application, to provide information requested about me and I release them from liability for damages in providing this information. I understand that in connection with my employment, the company may obtain "consumer reports" regarding me and use those reports for employment purposes in order to evaluate me for employment, promotion, reassignment or retention as an employee. This inquiry and such reports may include information as to my character, general reputation, personal characteristics, names and dates of previous employers, reason for termination of employment, job performance, work experience, driving record and criminal record.

By signing below, I acknowledge that this Disclosure and Authorization shall remain on file and shall serve as ongoing authorization for KICD/KMRR to obtain consumer reports regarding me for employment purposes.

Applicant's Signature _____

Date: _____

PLEASE READ

This application will only be considered for the ninety – calendar day period after its receipt by KICD/KMRR. Should you wish to be considered after the expiration of this period, you must reapply.

KICD/KMRR is an "at will" employer. Any employment relationship with KICD/KMRR is voluntarily entered into and can be terminated with or without cause, with or without notice, at any time at the option of either the company or the employee.

KICD/KMRR is an Equal Opportunity Employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, citizenship, handicap, height, weight, and marital status. Under the federal Americans with disabilities Act, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer.

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

Remarks: _____

Hired: _____

Position: _____

Will Report: _____

Wage/Salary: _____

Approved by: _____

Date: _____

Arbitration Agreement Signed: _____

Referral Source: _____