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Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for leaving: ☐Quit ☐Discharge ☐Retired
Dates Employed _____ TO _____ Lay off Why? _____
For Job Reference, call _____ at _____
☐ Please do not call this employer. Why Not? _____

CONDITIONS OF EMPLOYMENT

To applicant: Read this information carefully and sign below.

- I. The facts stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at any time, at the option either of the company or me. I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- V. I understand that I may be required to submit to a pre-employment and post-employment test for fitness, honesty and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize my employer to withhold from my final paycheck any monies owed to them by me.

DATE _____ SIGNATURE _____

AUTHORIZATION FOR FINANCIAL RECORD CHECK

I understand that as a routine part of the selection process, my employer representative will make an inquiry of a credit bureau to determine if I have a financial disability.

REFERENCES

Please list below four business references who can attest to your skills, knowledge and experience, that will contribute to your success in the position for which you are applying.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE () _____	TELEPHONE () _____
OCCUPATION _____	OCCUPATION _____
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE () _____	TELEPHONE () _____
OCCUPATION _____	OCCUPATION _____



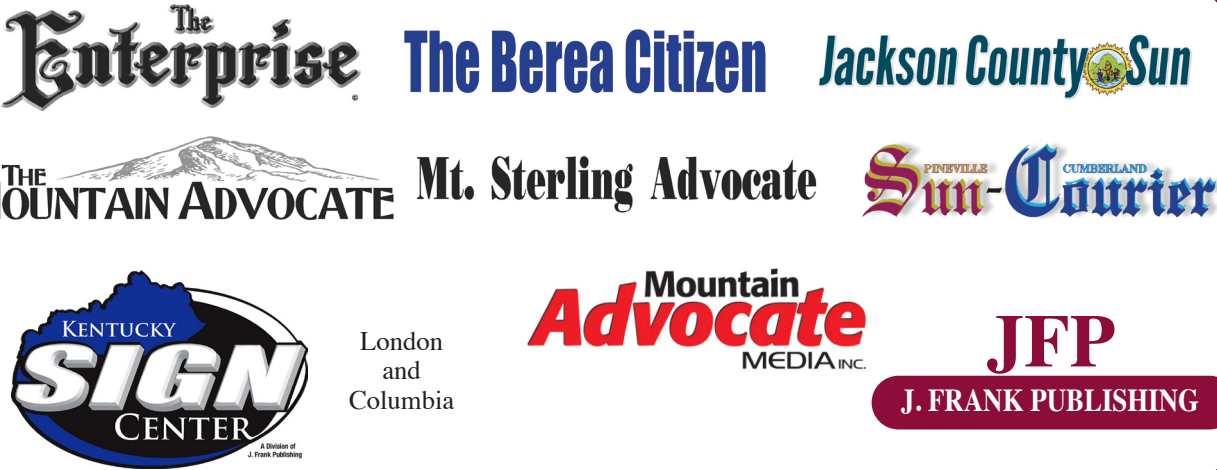
NOLAN
GROUP MEDIA

APPLICATION
FOR EMPLOYMENT

Name _____

Date _____

Position _____



Tammy Miracle
VP / Human Resources, NGM
tmiracle@jfrank.com
606-862-8100

APPLICATION FOR EMPLOYMENT

DATE: POSITION APPLIED FOR:

Referred by: Date Available for Work

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become a part of your permanent record with our company. Keep this in mind as you complete it. Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer.

PERSONAL

Name Telephone Number: ()

Street Box City ST Zip

Previous Address Social Security Number

If younger than 18, state age here Are you legally entitled to work in the United States** Yes No

**Compliance with 1-9 requirements is mandatory, upon employment

HEALTH

List here whatever information you want us to know about your health in case of a medical emergency?

EDUCATION

High School (Name and Address)

Did you graduate? If no, last grade completed G.E.D. Obtained? Grade Average

Colleges (Name and Address)

Colleges (Name and Address)

Did you graduate? If no, number of hours completed Grade Point Average Degree

Major

Other Education

Awards, Honors, Leadership Roles:

MILITARY not applicable

List service in U.S. Military: From to Branch

Rank at Discharge Military experience that may be applicable:

GENERAL EMPLOYMENT INFORMATION

- List all of the equipment with which you have experience and training. (Examples: cash register, typewriter, lathe, milling machine, etc.):
- Were you previously employed by us? if yes, when to
- Are you willing to relocate? If yes, state location preferred
- Salary Expected hr./week/year Number of hours available per week? No preference
- Type of employment sought: regular full time temporary seasonal
- Which of these times are you available: Days: yes no Nights: yes no Weekends: yes no Holidays yes no
- Indicate hours you are available to work on the following days or check Anytime, if you have no restrictions)
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
to to to to to to to
anytime anytime anytime anytime anytime anytime anytime
- List names of relatives currently employed by us:
- In case of emergency, notify Telephone Number

EXPERIENCE

List below all present and past employment, beginning with your most recent employer,

Employer Starting Salary per hour or week
Address Last Salary per hour or week
Kind of Business Supervisor
Job Title Reason for leaving: Quit Discharge Retired
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For Job Reference, call at
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