

Atlantic Coast Media Group On-Line Employment Application

PLEASE COMPLETE PAGES 1-4. DATE _____
Name _____

Last First Middle Maiden _____

Present address

Number Street City State Zip _____

Email address: _____

How long _____ **Social Security No.** _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____

and salary desired (2) _____

(Be specific)

Days/hours available to work

No Pref _____ **Thur** _____

Mon _____ **Fri** _____

Tue _____ **Sat** _____

Wed _____ **Sun** _____

How many hours can you work weekly? _____ **Can you work nights?** _____

Employment desired **FULL-TIME ONLY** **PART-TIME ONLY** **FULL- OR PART-TIME**

When available for work? _____

TYPE OF SCHOOL NAME OF SCHOOL LOCATION

(Complete mailing address)

NUMBER OF YEARS

COMPLETED

MAJOR &

DEGREE

High School

College

Bus. or Trade School

Professional School

HAVE YOU EVER BEEN CONVICTED OF A CRIME? **No** **Yes**

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? **Yes** **No**

What is your means of transportation to work?

Driver's license

number _____ State of issue _____ Operator Commercial (CDL)

Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Yes **Yes Word** **Yes**

Typing **No** _____ **WPM 10-key** **No Processing** **No** _____ **WPM**

Personal **Yes** **PC**

Computer **No** **Mac**

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name _____ **Name** _____

Position _____ Position

Company _____ Company

Address _____ Address

Telephone () Telephone ()

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer

Address

Name of last supervisor

Employment dates Pay or salary

City, State, Zip Code

Phone number

From

To

Start

Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer

Address

Name of last supervisor

Employment dates Pay or salary

City, State, Zip Code

Phone number

From

To

Start

Final

Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Work Experience (continued)

Please list your work experience for the **past five years** beginning with your most recent job held.

If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer

Address

Name of last supervisor

Employment dates Pay or salary

City, State, Zip Code

Phone number

From

To

Start

Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer

Address

Name of last supervisor

Employment dates Pay or salary

City, State, Zip Code

Phone number

From

To

Start

Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

If you would like to attach your resume to this application, upload your resume file below.



[Click Here To Submit Your Application. \(If you provided an email address, a copy of your application will be emailed to you for your records. Automate using email address provided above.\)](#)