

If applying for temporary work, during what period of time will you be available?

From _____

Are you available for work on week-ends? Yes ___ No ___

Would you be available to work overtime, if necessary? Yes ___ No ___

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Salem Communications before? Yes ___ No ___

If yes, when? _____

Do you have any friends or relatives working at this company or any of its subsidiaries? Yes ___ No ___

If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes ___ No ___

Are you at least 18 years old? Yes ___ No ___
(If under 18, hire is subject to verifications that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ___ No ___

Are you able to perform the essential functions of the job for which you are applying? ... Yes ___ No ___

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes ___ No ___

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes ___ No ___

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes ___ No ___

If so, may we contact your current employer? Yes ___ No ___

Education, Training and Experience

School	Name and Address	No. of years completed	Did you Graduate?	Degree or Diploma
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes ___ No ___

If so, describe: _____

References

List below three persons, former Supervisor's or co-workers, who have knowledge of your work performance within the last three years.

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
No. Street City State Zip

Occupation _____

Telephone No. (____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me previous notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date _____ Applicant's Signature _____

This company is an equal opportunity employer. We seek and employ qualified persons in all job classifications and positions without discrimination on the basis of race, religion, sex, national origin, age or disability. Such discriminatory practices are specifically prohibited by law. If you believe your equal employment rights have been violated, you may contact the Federal Communications Commission, the Equal Employment Opportunity Commission or the appropriate state or local EEO agency.



SALEM
COMMUNICATIONS
CORPORATION

An Equal Opportunity Employer

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