

Employment Application

Applicant Information									
Full Name:			DOB:						
Address:	Last	First	М.І.						
Addless.	Street Address		Apartment/Unit #						
	City		State	ZIP Code					
Phone: ()	E-mail Address:							
Date Available: Social Security No.:									
Position Applied for:									
Are you a cit	izen of the United States?	YES NO	authorized to work in the L	J.S.?					
Have you ev	e you ever worked for this company?								
Have you ev	Have you ever been convicted of a felony?								
If yes, explain:									
Education									
High School	:	Address: Yes NC							
From:	To:	Did you graduate?	Degree:						
College:		Address: YES NO							
From:	To:	Did you graduate?							
Other:		Address:							
From:	To:	Did you graduate?							
References									
Please list t	wo professional references								
Full Name:									
Company:			Phone: ()						
Address:									
Full Name:	e: Relationship:								
Company:			Phone: ()						
Address:									



Previous Employment									
Company:			Phone:	()				
Address:			Supervisor:						
Job Title:									
Responsibilities:									
From:	То:	Reason for Leaving:							
May we contact your pr	evious supervisor for a	a reference?							
Company:			Phone:	()				
Address:			Supervisor:						
Job Title:									
Responsibilities:									
From:	То:	Reason for Leaving:							
May we contact your previous supervisor for a reference?									
Company:			Phone:	()				
Address:			Supervisor:						
Job Title:									
Responsibilities:									
From:	То:	Reason for Leaving:							
May we contact your previous supervisor for a reference?									
Medical Information Please list any medical conditions in the space below.									

Please Print legible in blank area.



Disclaimer and Signature

Roxamore Media & The Roxamore Sports Network LLC. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: Date:

Emergency Contacts: Name and Phone Number

1.)

2.) _____