



IMPORTANT NOTICE

PRIME TIME, Inc. (Company) is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law, including but not limited to race, color, religion, gender, national origin, age, disability, marital or veteran status or any other legally protected status. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company.

We only hire individuals possessing the highest levels of honesty and personal integrity and we strive to create a safe workplace, free of harassment and potentially dangerous individuals. To that end, we may conduct a comprehensive background investigation and/or drug screen on every applicant for employment.

| | | | |
|---|---|---|--|
| PERSONAL INFORMATION- PLEASE PRINT | | Date of Application: _____ | E-Mail Address: _____@_____ |
| Name | LAST _____ FIRST _____ MI _____ | | |
| Address | STREET _____ | Home Telephone Number: (____) _____ - _____ | |
| City, State, Zip | CITY _____ STATE _____ ZIP _____ | Cell Telephone Number: (____) _____ - _____ | |
| How long have you lived at this address? | List previous address if changed within the last 5 years: # and STREET _____ City _____ State _____ Zip _____ How long at this address? From _____ to _____ | | |
| Have you previously applied with us? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, what month and year? ____/____ | |
| Have you previously worked for us? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, from (mo/yr): ____ - ____ / ____ - ____ | |
| Do you have a legal right to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Proof of Citizenship or immigration status will be required upon employment.</i> | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, provide details: _____ | |
| Please note: An applicant for employment is not required to disclose or reveal records that have been expunged, sealed or impounded under state law. You also do not have to disclose any misdemeanor conviction for which you have completed probation and the case has been dismissed. An applicant will not be refused employment solely on the basis of an arrest, conviction or plea of no contest. The nature, date and surrounding circumstances will be considered in regards to all criminal matters. Any deceptive or untruthful answer will immediately cause your application for employment to be rejected. | | | |
| JOB POSITION and AVAILABILITY | | | |
| Job Title/Position Applied For: _____ | | | |
| Please provide your availability: <input type="checkbox"/> Part Time / <input type="checkbox"/> Full Time <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening | | | |
| Will you work overtime if asked? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Can you travel if a job requires it? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When will you be available to begin work? | _____ | Desired annual salary: | _____ |
| Are there any time when you would be unable to come to work on regularly scheduled workdays due to some type of outside commitments? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, provide details: _____ | | | |



REFERRAL INFORMATION

How did you hear about the Company or this position?

Were you referred to us by a current employee? Yes No

If Yes, please provide their name: _____

EDUCATION / TRAINING

| Category | Name and Location | # of years attended | Degree Received | Subjects Studied/Major |
|--|--------------------------|---------------------|-----------------|------------------------|
| High School | | | | |
| College/University | | | | |
| Trade, Business or Correspondence School | | | | |
| Additional Education | | | | |
| Professional license or certification | Type _____ From _____ | | | Exp _____ |
| Professional license or certification | Type _____ From _____ | | | Exp _____ |

List any honors or achievements you have relevant to the position for which you are applying:

Indicate any foreign languages that you speak or read fluently:

Are you planning to pursue further studies? Yes No Days Nights Full-time Part-time

If Yes, when and what courses? _____

PROFESSIONAL ORGANIZATIONS

List any professional organizations to which you belong. You may exclude those which may disclose your race, color, religion, gender, national origin, age, disability, marital or veteran status or other legally protected status.

EMPLOYMENT HISTORY

NOTE: Include your last ten (10) years of employment history starting with the most recent and working backwards. Include periods of unemployment, self-employment, voluntary, military, and part-time jobs. *Incomplete information could disqualify you from further consideration.* (If more room is needed please attach a separate page, however, this application must be completed in its entirety.)

Present Employer:

| | | | |
|--|--|--|-----------------------------|
| Company Name | | From | To |
| Address | | Beginning Rate/Salary | Ending Rate/Salary |
| Supervisor's Name | | Supervisor's Telephone Number: | Supervisor's Email Address: |
| Supervisor's Title | | Your Job Title or Position: | |
| Summary of Duties or Responsibilities: | | May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for seeking other employment: | | | |

Prior Employer:

| | | | |
|--|--|--------------------------------|-----------------------------|
| Company Name | | From | To |
| Address | | Beginning Rate/Salary | Ending Rate/Salary |
| Supervisor's Name | | Supervisor's Telephone Number: | Supervisor's Email Address: |
| Supervisor's Title | | Your Job Title or Position: | |
| Summary of Duties or Responsibilities: | | May We Contact Prior Employer? | |



| | | | |
|--|--|--|-----------------------------|
| Reason for seeking other employment: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Prior Employer: | | | |
| Company Name | | From | To |
| Address | | Beginning Rate/Salary | Ending Rate/Salary |
| Supervisor's Name | | Supervisor's Telephone Number: | Supervisor's Email Address: |
| Supervisor's Title | | Your Job Title or Position: | |
| Summary of Duties or Responsibilities: | | May We Contact Prior Employer? | |
| Reason for seeking other employment: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

OTHER INTERESTS

List any computer or specialized skills, experience or training pertinent to the position applied for:

List and hobbies or other interests pertinent to the position applied for:

PROFESSIONAL REFERENCES

Provide the information of three (3) persons not related to you, with whom you have had a working or professional relationship.

| Name | Address and Phone | Company and # Years | Working Relationship |
|------|-------------------|---------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

APPLICANT'S STATEMENT

I certify that the answers given here are true and correct.

I authorize any of the persons or organizations referenced in this application to give PRIME TIME, Inc. (Company) or its agents any and all information concerning my previous employment, education, or other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information. This authorization does not include release of other prohibited disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA).

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Company is of an "at-will" nature, which means that the Employee may resign at any time and the Company may discharge the Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically authorized by the Company.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. In addition, I understand my employment may be conditioned on the results of a physical examination and drug/alcohol testing. It is also understood that I authorize any conditional employment background screening to be performed, and any misrepresentation or omission of information may result in the rejection of my application for employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant Signature

Date

This application for employment shall remain active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.



VOLUNTARY SELF-IDENTIFICATION

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees or deemed as federal contractors to complete an EEO-1 report each year. Therefore, we are asking employees to complete a voluntary self-identification sheet below so that we can properly update our records according to these new report requirements.

Completion of this data is voluntary and will **not** affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

| | |
|------------|---|
| Name: | |
| Job Title: | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Race/Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify.

| | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> White (not Hispanic or Latino) | |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) | |
| <input type="checkbox"/> Asian (not Hispanic or Latino) | |
| <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | |
| <input type="checkbox"/> Two or More Races (not Hispanic or Latino) | |
| <input type="checkbox"/> I decline to self-identify | |

Date Completed: _____

Thank you for your participation.