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EMPLOYMENT APPLICATION

Live Media Group Holdings, LLC (LMGH) makes all personnel decisions, including hiring, on job related factors such as skill, ability, reliability and productivity. LMGH does not discriminate on the basis of age, race, sex, color, creed, national origin, sexual orientation or disability.

Instructions: Complete all sections of this application. Applications are considered for a six (6) month period. If you wish to be considered after six (6) months from the date of your application, please reapply. Do not fill in shaded areas. Please do not include information not relevant to your ability to perform work such as political affiliations, age, race, sex, national origin, non-job related disability or union affiliation, etc. Please include a resume with your application. If you do provide a resume, please ensure you complete all pertinent boxes in this application (do not put "see resume.")

| PERSONAL INFORMATION | | | | | |
|--|--|------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| Name | Last | First | Middle | | |
| Address | Street | | | | |
| | City | State | Zip | | |
| | Home Telephone Number: | | Work Telephone Number: | | |
| Social Security Number: | | | Email: Cell Phone: | | |
| <p>Are you a U.S. citizen, lawful permanent resident or otherwise authorized to work in the U.S. without restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please note: Upon hire, you must provide proof of identity and employment eligibility in accordance with the Immigration Reform and Control Act.</p> | | | | | |
| TYPE OF EMPLOYMENT DESIRED | | | | | |
| Position(s) | 1 | 2 | | | |
| Availability | If offered a job, when could you begin? | | | | Date: |
| Salary | What is the approximate salary you expect to be paid? \$ _____ per | | | | |
| Hours: | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | <input type="checkbox"/> Nights | <input type="checkbox"/> Rotate | <input type="checkbox"/> Weekends |
| | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Temporary | <input type="checkbox"/> On Call | |
| EDUCATION AND LICENSURE | | | | | |
| Dates requested in this section will be used only to verify the accuracy of education and licensure information | | | | | |
| High School | Name | | City | | State |
| | Did you graduate or have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Final Grade Point Average (GPA) _____ | |
| Technical School | Name | | City | | State |
| | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | GPA _____ | Degree or Area of Study: | |
| College Undergraduate | Name | | City | | State |
| | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | GPA _____ | Degree: | Year |
| College Postgraduate | Name | | City | | State |
| | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | | GPA _____ | Degree: | Year |

| | | | | |
|----------------|---|-------|-------------|--------|
| Licenses | If you have any licenses related to the job you are seeking, please indicate: | | | |
| | Type | State | Year | Number |
| | Is your certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Verified by | |
| Certifications | If you have any certificates related to the job you are seeking, please indicate: | | | |
| | Type | State | Year | Number |
| | Is your certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Verified by | |

SKILLS

Please list any of your skills/experience that may be useful in evaluating you for a position.

| | |
|------------------|---|
| Technical Skills | Most jobs in our company require the use of technical skills such as the use of various broadcasting equipment, computers, etc. Please list skills that you have that are pertinent to the position for which you are applying and give some indication of your skill level. Attach additional sheets if necessary. |
|------------------|---|

| | |
|-----------|---|
| Languages | Some of our clients may speak languages other than English. If you speak more than one language, please list below and tell how well you speak and understand it. |
|-----------|---|

| | |
|---------------|---|
| Office Skills | If the job you are applying for requires the use of office skills, list your skills and how well you perform them. For example, if you type, list "typing" and words per minute you can type. |
|---------------|---|

| | |
|--------------|---|
| Other Skills | If you have other skills that are not evident from your schooling or previous employment, please list below. Attach additional sheets if necessary. |
|--------------|---|

REFERENCES

Please list three people we may contact as references. (Do not include relatives in your list.)

| | | | | |
|---|-------------------------|-------------------|------------------------------------|--------------|
| Name: Relationship (circle one): Business Professional | Occupation: Company: | Address Email: | Day Telephone: Night Telephone: | Contacted by |
| Name: Relationship (circle one): Business Professional | Occupation: Company: | Address Email: | Day Telephone: Night Telephone: | Contacted by |
| Name: Relationship (circle one): Business Professional | Occupation: Company: | Address Email: | Day Telephone: Night Telephone: | Contacted by |

EXPERIENCE

Are you currently employed? Yes No

If, Yes, please give the name and address of your current employer. _____

May we contact your current employer? Yes No

Have you ever served in the Armed Forces of the United States? Yes No

If yes, state: Branch _____ Date entered _____ Dated discharged _____

Rank or Rate _____ Service schools or special experience _____

Reserve or National Guard status: _____

Are you at least 18 years old? Yes No

Have you ever been fired or asked to resign from a job? Yes No

Explain:

Is there any reason you may not be able to work on a regular basis or report to work on time?

No Yes (If Yes, Explain): _____

EMPLOYMENT

Please list your employers beginning with the most current employment.

Do not leave any gaps. If necessary, attach additional sheets.

PLEASE COMPLETE THIS SECTION EVEN IF RESUME IS SUBMITTED.

| DATES: (List month & year) | List Employer or School Address and Position | Please list all major Job duties: | List supervisor's name, title and phone number. Give your starting and ending pay and reason for leaving. |
|--|---|--------------------------------------|---|
| DATES _____ (FROM - TO) (List Month/Year) Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: | _____ Employer (or School) _____ _____ Address _____ City, State _____ Position | | _____ Last Supervisor _____ Title _____ Phone Email _____ Start Pay End Pay Reason for leaving: |
| DATES _____ (FROM - TO) (List Month/Year) Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: | _____ Employer (or School) _____ _____ Address _____ City, State _____ Position | | _____ Last Supervisor _____ Title _____ Phone Email _____ Start Pay End Pay Reason for leaving: |
| DATES _____ (FROM - TO) (List Month/Year) Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: | _____ Employer (or School) _____ _____ Address _____ City, State _____ Position | | _____ Last Supervisor _____ Title _____ Phone Email _____ Start Pay End Pay Reason for leaving: |
| DATES _____ (FROM - TO) (List Month/Year) Check Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> In School <input type="checkbox"/> Other Explain if other: | _____ Employer (or School) _____ _____ Address _____ City, State _____ Position | | _____ Last Supervisor _____ Title _____ Phone Email _____ Start Pay End Pay Reason for leaving: |

How were you referred to us? Newspaper Employment Agency Walk-In
 Employee Referral – Name _____
 Other _____

Complete this section only if you have ever been convicted of a felony or misdemeanor.

List every felony AND misdemeanor conviction with date and jurisdiction. List all other convictions involving assault, arson, unlawful restraint, burglary, robbery, forgery, and any other convictions for offenses against persons or property. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions requested above are properly reported. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. List any circumstances that you believe should be considered.

PLEASE READ AND ACKNOWLEDGE THE FOLLOWING STATEMENT BY INITIALING AFTER EACH PARAGRAPH AND SIGNING BELOW

My signature and initials below indicate that I have read, understand and agree to the following:

(Please initial each paragraph)

I have provided true and complete information in this application. Incomplete or false information, whenever discovered, may terminate my employment or consideration for employment. _____

I authorize LMGH to verify my suitability for employment and the information provided in this application with any person or organization listed in this application. _____

In exchange for LMGH' consideration of this application, I release LMGH and any persons, employers or organizations listed in this application from all claims or liability for providing information or opinions to LMGH _____

I may be required to pass a pre-employment drug screening exam, medical exam and background check. I consent to pre and/or post employment drug screening and a background check, if required. _____

Neither this application nor subsequent employment creates a contract or a guaranty of employment for any period of time. Employment at LMGH continues only as long as both I and LMGH desire. Any modification of this arrangement must be in writing signed by the management of LMGH. _____

This application shall remain active for six (6) months from today's date. _____

Regardless of my starting work schedule, I may be asked to work different shifts, weekends, and holidays. A refusal to do such work may result in my dismissal. My position with LMGH is my primary job. Schedule conflicts or continued unavailability to work may lead to discipline including termination. _____

No representative of LMGH has made any representations or promises regarding my employment.

If employed, I will follow all LMGH' policies. My failure to do so could result in dismissal. _____

Date: _____ Signature: _____

**AUTHORIZATION TO PROVIDE INFORMATION
AND RELEASE OF PROVIDERS**

I, the undersigned, authorize all my previous employers, educational institutions, or personal references to provide LMGH information regarding my personal character, habits, or employment records, including salary history. I hereby release LMGH and any and all persons or organizations contained by LMGH and all claims or causes of action arising out of the release of information to LMGH and verification of the information I have provided in this Application. I authorize LMGH to use copies of this Release of Records.

Applicant's Signature

Date