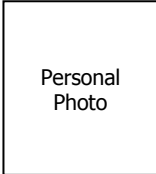
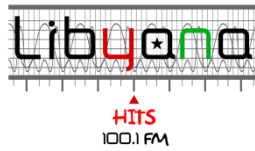


**LIBYANA HITS FM**  
Employment Application



APPLICANT INFORMATION			
Full Name		Sex	Age
Street Address		Apartment/Unit #	
City	Postal Code	Phone	
E-mail Address		Facebook account name	
Date Available	ID:	Desired Salary	
Position Applied for			
Are you a Libyan citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Libya? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for a Radio Station?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
How Did you heard of LibyanaHITS FM?			
Do you have a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Number:		Expiration Date:	
State of issue:			

ATTENDENCY								
Days/hours available to work	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Full Time
Can you work at night?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Diploma		
College/ University		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree		

LANGUAGE SKILLS				
Native Language:				
Other languages:	Level:	Reading	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>
		Writing	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>
				Bad <input type="checkbox"/>
				Bad <input type="checkbox"/>

Level:	Reading	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Bad <input type="checkbox"/>
	Writing	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Bad <input type="checkbox"/>
Level:	Reading	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Bad <input type="checkbox"/>
	Writing	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Bad <input type="checkbox"/>

## REFERENCES

*Please list three professional references.*

Full Name	Relationship
Company	
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

## EXPERIENCES

Do you have previous experience in any of the following? (Check all that apply.)

Journalism       Radio       Film & Video       Web Design       Arts   
 Music Arranging       Sound Engineering       Performing Arts

Which of the following computers and software do you feel comfortable working with? (Check all that apply.)

MS Office       Photoshop       Adobe Audition       Protools       Cubase       Reason       FL Studio

What is your relationship with music?

What can you add to LibyanaHITS FM?

Please Mention Any Previous Experiences You Have:

## PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE**

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