



SACRAMENTO METROPOLITAN CABLE TELEVISION COMMISSION

799 G Street, 4th Floor, Sacramento, CA 95814 ♦ (916) 874-6661 ♦ Fax: (916) 854-9666 ♦ www.sacmetrocastv.com

A Joint Powers Agency Representing Sacramento County and the Cities of Citrus Heights, Elk Grove, Folsom, Galt, Rancho Cordova and Sacramento

Application for Employment

Sacramento Metropolitan Cable Television Commission is an Equal Opportunity Employer.
Please complete and sign this Application Form even if accompanied by your resume.

PERSONAL INFORMATION				
Date of Application:		Position Applied For:		
Full Legal Name First:		Middle:	Last:	
Minimum Salary Requirements: \$ _____ per		<input type="checkbox"/> Hour <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Week	Date Available For Work:	
Current Street Address:		City:	State:	Zip Code:
Mailing Address (If Different from Above):		City:	State:	Zip Code:
Telephone:	Email Address:		Days and Hours Available:	Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If under 18, hire is subject to verification that you are of minimum legal age.	If hired, can you present evidence of your U.S. Citizenship or proof of legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever filed an application or have been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No *Relationship?		
EDUCATION RECORD				
	Name and Location	Degree or Certificate Earned	Major or Specialty	Years Completed
High School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
College or University				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Other				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Additional Information:				



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PAST EMPLOYMENT RECORD (Show most recent employer first).

Company Name:		Position Title:		Area Code/Telephone:	
Address:		City:		State:	Zip Code:
Dates of Employment:					
From:		To:			
Name of Immediate Manager:		Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties and scope of your primary responsibilities:					
Reason(s) for Leaving:					
Company Name:		Position Title:		Area Code/Telephone:	
Address:		City:		State:	Zip Code:
Dates of Employment:					
From:		To:			
Name of Immediate Manager:		Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties and scope of your primary responsibilities:					
Reason(s) for Leaving:					
Company Name:		Position Title:		Area Code/Telephone:	
Address:		City:		State:	Zip Code:
Dates of Employment:					
From:		To:			
Name of Immediate Manager:		Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties and scope of your primary responsibilities:					
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PLEASE READ CAREFULLY

I understand the Commission has, or may choose to implement, a program of appropriate Company-paid pre-employment physical examinations, including standardized drug screens. Offers of employment may be subject to the successful completion of such an examination, as well as verification of previous employment, education, and references. Any disparity between results of these efforts and the information contained in the application form may result in the withdrawal of such employment offer, or if work has begun, the termination of my employment. _____

Initial

I authorize the Company and its representatives to contact personal references, past Managers, educational institutions and credit reporting agencies, as it may deem necessary to obtain satisfactory information. I also authorize those contacted to release this information. _____

Initial

I certify that all of the information on this application was provided by me and is true. If employed, I agree to comply with all rules, regulations, and policies of the Commission. I understand and agree that my employment relationship with the Commission is on an "at will" basis, meaning that either the Commission or I may terminate my employment at any time, for any lawful reason, with or without cause and with or without notice. I further understand and agree that if at any time during my employment any of the information herein is found to be misleading or untrue, my employment may be terminated.

Initial

I understand that, if employed, I will be required to furnish verification of my legal right to work in the United States by providing acceptable documentation as required by statute within 72 hours of commencement of employment. Further, I understand that in accordance with current Department of Homeland Security legislation, my employment will be terminated at the end of that period should I not furnish the required documentation. _____

Initial

Signature of Applicant:

Date:

Print Name:

Date: