

INNER BANKS MEDIA, LLC
Application for Employment

Inner Banks Media is an Equal Opportunity Employer. Discrimination because of race, color, religion, national origin or sex is prohibited and you have a right to notify the appropriate local, State or Federal agency if you believe you have been the victim of discrimination.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) _____ (evening) _____

Are you 18 years of age or older? (please circle) Yes No

POSITION SOUGHT _____ P/T _____ F/T _____

Did you graduate from high school? (please circle) Yes No

School Name _____

Did you graduate college? (please circle) Yes No

School Name _____

Do you have any technical or advanced training? (please circle) Yes No

If so, what kind?

How did you find out about this position? _____

Have you ever been convicted of a crime? (please circle) Yes No

If so, please explain. _____

Are you legally eligible for employment in the U.S.? (please circle) Yes No

When would you be available to begin work? _____

If there is any other information that would be helpful in evaluating your application, please explain.

In the spaces provided below, list each job you have held beginning with your present or last position. If necessary, you may use another sheet of paper to provide additional information.

Employer 1 _____ From _____ To _____
Address _____ Salary/Wages _____ per _____
_____ Duties _____
Phone _____
Supervisor _____
Reason for leaving _____

Employer 2 _____ From _____ To _____
Address _____ Salary/Wages _____ per _____
_____ Duties _____
Phone _____
Supervisor _____
Reason for leaving _____

Employer 3 _____ From _____ To _____
Address _____ Salary/Wages _____ per _____
_____ Duties _____
Phone _____
Supervisor _____
Reason for leaving _____

Employer 4 _____ From _____ To _____
Address _____ Salary/Wages _____ per _____
_____ Duties _____
Phone _____
Supervisor _____
Reason for leaving _____

May we contact the above employers? Yes No

If no, which one(s) do you not want us to contact? 1 2 3 4

Have you been discharged or forced to resign from any position in the last five years? Yes No

If yes, please explain. _____

The facts set forth above in my application are true and complete. I understand that, if employed, omissions or false statements shall be considered sufficient cause for dismissal. If employed, I understand and agree that Inner Banks Media or myself can terminate my employment at will, with or without cause at any time.

Applicant's Signature _____ Date _____

OMNIAFAX PRIORITY REPORTS INC.

Authorization For Release Of Information For Background Investigation

In consideration of my application for employment (including contract for service) with Coastal Carolina Radio LLC. I a Omniafax Priority Reports, Inc. (wholly owned subsidiary of The Omnia Group), a Florida corporation and specialist in background checks and hereinafter referred to as OMNIFAX acting on its own or as an agent of any other company or organization and their respective agents, to conduct and report research and share with each other, information about my background including, but not limited to, information about my employment, education, consumer credit history, criminal record and general public records history.

I also authorize the use of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I AUTHORIZE, WITHOUT RESERVATION, ANY PERSONS, AGENCY OR OTHER ENTITY CONTACTED BY THE OMNIAGROUP AND/OR ONMIAFAX OR THEIR AGENTS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I release The Omnia Group and/or Omniafax, their respective officers, directors, employees and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

The information requested below is needed for the purpose of positive identification and to complete verification procedures.

Name _____
(first) (middle) (last) (suffix)

Other names used (maiden, aliases): _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Driver's License Number: _____ State: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ From (mo/yr): _____ To _____

Prior Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ From (mo/yr): _____ To _____