



Gray Television Group, Inc. Application for Internship

Please Read Carefully-Write Clearly-Answer All Questions

AN EQUAL OPPORTUNITY EMPLOYER

Gray Television Group, Inc. is an equal opportunity employer. Gray considers applicants for all positions without regard to race, color, religion, sex, national origin, pregnancy, and service in uniformed services, disability, age or any other characteristics protected by applicable state and federal law.

Position Related Information

Station/Location: _____
 Address: _____
 Telephone No.: _____
 Internship Applied for (circle one): SPRING SUMMER FALL WINTER
 Date of Application: _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____
 Home Phone: (____)____-____
 Present Street Address: _____
 City: _____ State: _____ Zip: _____
 Have you ever been an intern for Gray Television Group, Inc. or any of its subsidiaries? yes no
 If yes,
 please indicate date (month/year): _____
 please indicate location (city/state): _____
 please indicate your previous position: _____
 Have you ever worked for Gray Television Group, Inc. using another name? yes no
 If yes, please give the name previously used: _____

Availability

Date available to start internship: _____

Hours Available		
Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

General Information

How did you learn about us?

- Advertisement Relative Employment Agency Friend Walk-in

Other: _____

Are you legally authorized to work in the United States? yes no

Are you at least 18 years of age? yes no

Do you have a reliable means of getting to and from the station or station events? yes no

Can you travel if required by the internship? yes no

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses) yes no

Please do not answer "yes" or provide any information about convictions that have been erased, expunged, sealed, pardoned, set aside, vacated, annulled or otherwise eradicated by a court.

(Note: A conviction is not an automatic bar to the internship. Each case will be considered on its own merits).

If yes, please describe in full, including a statement of the charge, court, date and disposition of case:

Education/Training and Job Skills

Name and location of school	Course of study	Years completed	Did you graduate?
Elementary/Middle			<input type="checkbox"/> Yes <input type="checkbox"/> no
High School			<input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> GED
College			<input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Degree:
Other (such as Vocational, Graduate)			<input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Certificate /Degree:

What business/vocational machines or equipment have you operated? _____

Do you read, write or speak a foreign language? yes no

If yes, what language?

Do you have a professional/trade license or certificate? yes no

If yes, please specify?

Describe any other training or experience that may be relevant to the intern position for which you are applying:

Prior Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status but explain any other gaps in dates.

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer Name:			
Employer Address:			
Employer Telephone:		<i>May we contact this Employer:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Job Title:			
Dates Employed:	To	From	
Hourly Rate:	Starting	Final	
Supervisor:			
Reason for Leaving:			

References

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Telephone	Years Known

Position/Job Essential Functions

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? ___yes ___no

APPLICANT’S STATEMENT – TO BE READ AND SIGNED BY THE APPLICANT

1. I have completed this application to the best of my ability and have reviewed it to ensure the accuracy of the information provided in response to the various questions. I understand that the information set forth by me in this application is correct to the best of my knowledge and belief and understand that any omission or misleading or untrue statement by me in this application is grounds to deny me employment or to dismiss me.
2. I understand that use of this application form does not mean that there are any internship positions available and does not obligate the Company.
3. I understand that the company pre-internship process consists of a completed pre-internship application, an interview, personal/character reference checks and if necessary, a consumer credit report. Any offer of internship after the pre-internship process is completed is a “conditional decision to intern” and is subject to my completion of the pre-internship process which consists of a completed pre-internship data record and my satisfaction of other requirements as detailed below.
4. I authorize the Company to inquire into my background with regard to my qualifications for the internship and I authorize the Company to contact former employers and references for any and all information bearing upon my qualifications for the internship. I authorize the references listed, as well as other individuals who are contacted, to provide the other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the employer as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.
5. I understand that any internship with the Company is based on the consent of both the Company and me and that any internship is for an indefinite period and that both the Company and I have the freedom to terminate such internship relationship whenever either chooses to do so, with or without cause and with or without notice. I also understand that no representative of the Company, other than the President of Gray Television, Inc. or the President of any subsidiary, has any authority to enter into any agreement which is contrary to the language of this application.
6. I understand that if internship is offered, it is subject to:
 - a. The Company requiring that I successfully pass a Drug Screen Test which verifies that I am not under the influence of alcohol or an illegal drug. It is the Company’s policy to hire no individual who tests positive for alcohol or an illegal drug.
 - b. proof of identity and legal authority to work in the United States pursuant to the Immigration Reform and Control Act of 1986, as amended;
 - c. additional drug screen tests under the Company’s Drug Free Workplace Policy;
 - d. my compliance with all Company rules, regulations, orders and policies; and
 - e. A probation period.

Signature of Applicant

Date