



PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

### APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation \_\_\_\_\_  
\_\_\_\_\_

**CALIFORNIA APPLICANTS ONLY:** Applicant may omit any convictions for the possession of marijuana that are more than two (2) years old (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis), and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.

Please list two references other than relatives or previous employers:

|                     |                     |
|---------------------|---------------------|
| Name _____          | Name _____          |
| Position _____      | Position _____      |
| Company _____       | Company _____       |
| Address _____       | Address _____       |
| _____               | _____               |
| Telephone ( ) _____ | Telephone ( ) _____ |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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| MILITARY   |
|--|
| HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF YES, WHAT TYPE OF DISCHARGE DID YOU RECEIVE? _____ Discharge date _____                       |

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |                         |                                |                                 |
|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer<br>Address<br>City, State, Zip<br>Phone Number  | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Your last job title  |                         |                                |                                 |
| Reason for leaving (be specific)   |                         |                                |                                 |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                                |                                 |

|  |                         |                                |                                 |
|--|-------------------------|--------------------------------|---------------------------------|
| Name of employer<br>Address<br>City, State, Zip<br>Phone Number  | Name of last supervisor | Employment dates<br>From<br>To | Pay or salary<br>Start<br>Final |
| Your last job title  |                         |                                |                                 |
| Reason for leaving (be specific)   |                         |                                |                                 |
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|  |                         | To               | Final         |
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|  |                         |                  |               |
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|  |                         | To               | Final         |
| Your last job title  |                         |                  |               |
| Reason for leaving (be specific)   |                         |                  |               |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                         |                  |               |

May we contact your present employer?     Yes     No

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## APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

### APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Cumulus Broadcasting LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except through a specific written employment agreement to the contrary which is signed by the Company's Chief Operating Office and me. I understand that any other written or oral statements or promises to the contrary are hereby expressly disavowed and should not be relied upon by prospective or existing employees. If I am employed, the Company and/or I may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits.

I hereby certify that the statements contained in this application are true and correct to the best of my knowledge and belief. I authorize investigation of all statements contained in this application. I understand that my misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and I hereby release those entities and the Company from any liability as a result of such contact.

I also understand that (1) the Company has an illegal drug use policy that provides for pre-employment testing as well as testing after employment, including general and random testing; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that although my employment status with the Company shall be introductory for a period of ninety (90) days, this does not change my at-will status. At any time during the introductory period or thereafter, my employment with the Company is terminable at will for any reason by me or the Company.

**I have read the above, and I understand and agree to it.**

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, age, national origin or citizenship, religion, disability, or any other status or characteristic protected under applicable law. We assure you that your opportunity for employment with this Company depends solely on your qualifications and the needs of the Company.

Thank you for completing this application form and for your interest in our business.



# CUMULUS

## DISCLOSURE STATEMENT

By this document, Cumulus Broadcasting LLC discloses to you that a consumer report and/or investigative consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. An investigative consumer report may include information as to your character, general reputation, personal characteristics and mode of living, whichever apply. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You may also request a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

### APPLICANT CONSENT FORM TO RELEASE INFORMATION

I understand that in consideration of my application with Cumulus Broadcasting LLC, an investigation may be conducted of my past employment and activities. I authorize institutions, past employers, personal references and other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service and credit history. I release all persons, including educational institutions, Past employers, credit bureaus, and government agencies from any liabilities or damages for having furnished such information.

In consideration of my application for employment, I hereby authorize Cumulus Broadcasting LLC and/or its agents to conduct such an investigation, and release the companies named above, including their officers, employees, agents and representatives, from all liability or responsibility for this investigation, which may include but is not limited to the histories, civil, professional license, and any criminal history information that may be in the files of any state, local or federal criminal justice agency. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law. A facsimile (fax) or a photograph copy of this authorization shall be as valid as the original.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### APPLICANT - PLEASE COMPLETE THE INFORMATION BELOW:

Full Legal Name (First, Middle, Last) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Other Names Used (Maiden, Nickname, Former Married Names) \_\_\_\_\_

Driver's License No./State of Issue \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Home addresses for the past seven (7) years:

| <u>Street Address</u> | <u>City, State, Zip</u> | <u>County</u> | <u>FROM mo/yr TO mo/yr</u> |
|-----------------------|-------------------------|---------------|----------------------------|
|                       |                         |               |                            |
|                       |                         |               |                            |
|                       |                         |               |                            |
|                       |                         |               |                            |

\*Attach additional sheet if necessary