

When completed please send to jkteichmann@cbs.com
News Apprenticeship Program

APPLICATION FORM

Last name

First

Initial

Address (Street, City, State, Zip Code)

Telephone Number: _____

E-mail address: _____

Indicate your market preferences, i.e. Denver, Miami: _____

Education (Schools and/or Training Programs)

Name	Location (City/State)	Major Subject	Year Graduated
High School			
College			
Graduate School			
Business/Special Training			

Please list any work experience, including summer or part-time jobs, you may have had during high school / college. Use this section to provide information on any internship in which you have participated or any unpaid media work experience, i.e. campus radio station, newspaper, etc.

Employment History (Please begin with present/most recent employer.)

Employer's Name	Address
Supervisor's Name	Telephone No.
Position/duties	
Dates Employed From ____/____ (MM/YY) to ____/____ (MM/YY)	
Employer's Name	Address
Supervisor's Name	Telephone No.
Position/duties	
Dates Employed From ____/____ (MM/YY) to ____/____ (MM/YY)	
Employer's Name	Address
Supervisor's Name	Telephone No.
Position/duties	
Dates Employed From ____/____ (MM/YY) to ____/____ (MM/YY)	

Check professional organization membership:

RTNDA ____ SPJ ____ IRTS ____ NAHJ ____ NABJ ____ NAJA ____ AAJA ____

Additional Information:

(Please include any additional information you wish to include with your application, i.e. applicable course work, awards, special skills or accomplishments, etc.)

Signature

Date

VIACOM TELEVISION STATIONS GROUP, A DIVISION OF CBS, IS AN EQUAL OPPORTUNITY EMPLOYER. WE RECRUIT, EMPLOY, TRAIN, COMPENSATE AND PROMOTE REGARDLESS OF RACE, RELIGEON, CREED, COLOR, NATIONAL ORIGIN, AGE, GENDER, SEXUAL ORIENTATION, DISABILITY OR VETERAN STATUS, AND WE COMPLY WITH ALL FEDERAL AND STATE LAWS.

SELF-IDENTIFICATION FORM

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.**

Last Name: _____

Date: _____

First Name: _____

Middle Initial: _____

Gender: Please place a check mark next to the appropriate category.

_____ Male

_____ Female

Race/National Origin: Please place a check mark next to the appropriate category.

_____ White (Not of Hispanic Origin)

_____ American Indian/Alaskan Native

_____ Black (Not of Hispanic Origin)

_____ Hispanic

_____ Asian/Pacific Islander

Veteran Status: Please place a check mark next to the appropriate category.

_____ I am a special disabled veteran.

_____ I am a veteran of the Vietnam Era.

_____ I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

_____ I am a newly separated veteran.

Disability Status:

_____ I am an individual with a disability.

_____ I have received this form and decline to provide the requested information.

Essay: Why I've chosen Broadcast Journalism as a career.

Name: _____