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# Employment Application

A McClatchy Company  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL DATA

NAME		First	Middle	Last
PHONE NUMBER		Area Code	Number	Date of application:
<input type="checkbox"/> No phone				
ADDRESS (Number and Street)			FORMER ADDRESS (Number and Street)	
City		County		City
State		Zip		State
Type of position desired		Salary Requirements (\$)		Date Available
Have you previously worked for McClatchy or subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		If previously employed by McClatchy or The Tribune, please list: Position Held: Location: Property:
Do you have relatives employed by McClatchy or subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name(s)		
Were you referred to McClatchy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom?		
Are you eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
All offers of employment are contingent upon verification of employment eligibility under the provisions of the Immigrant Reform and Control Act of 1986.				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>(It is not necessary to disclose minor traffic violations; misdemeanor convictions that have been removed from your record, sealed or dismissed upon completion of probation; any convictions for which the record has been judicially ordered sealed, expunged, statutorily eradicated and/or for which you were ordered to any pretrial or post-trial diversion program. You also do not need to provide information concerning convictions for marijuana related offenses that are more than two years old.)</i>				
If yes, state the nature of the felony or felonies: _____				
_____				
Date of conviction: _____				
Place of conviction: _____				
Disposition of case: _____				
<b>Note:</b> No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.				

## EDUCATION/TRAINING

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 (High School Graduate) 13 14 Technical/Vocational/Junior College				
15 College Freshman 16 College Sophomore 17 College Junior 18 Bachelor Degree 19 Master Degree 20 Ph.D.				
Are you still attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Anticipated graduation date: Month _____ Year _____		
<b>COLLEGE INFORMATION</b>		<b>HIGH SCHOOL INFORMATION</b>		
Undergraduate college/university attended:		Name of School:		
Undergraduate major field:		Location:		
Degree received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Major Courses Taken:		
Graduate major field:		Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate college/university attended:		<b>APPRENTICE, BUSINESS, TECHNICAL OR VOCATIONAL SCHOOLING, AND JUNIOR COLLEGE</b>		
Degree received? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School:		
List special skills or training:		Location:		
Academic honors or extracurricular activities:		Major Field:		
If presently enrolled, indicate where and field of study:		Diploma/Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe any definite plans for further study:				

## PREVIOUS EMPLOYMENT

List most recent employer first. Include periods of unemployment.

Company Name	From	To	Job Title	Starting Salary
Number and Street	Phone		Supervisor	\$
City and State	Zip Code		Reason for Leaving	Final Salary
				\$
Company Name	From	To	Job Title	Starting Salary
Number and Street	Phone		Supervisor	\$
City and State	Zip Code		Reason for Leaving	Final Salary
				\$
Company Name	From	To	Job Title	Starting Salary
Number and Street	Phone		Supervisor	\$
City and State	Zip Code		Reason for Leaving	Final Salary
				\$
Company Name	From	To	Job Title	Starting Salary
Number and Street	Phone		Supervisor	\$
City and State	Zip Code		Reason for Leaving	Final Salary
				\$

Have you ever been discharged or asked to resign from any position?  Yes  No

If your answer is yes, please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer?  Yes  No

UNEMPLOYMENT RECORD	From – Month/Year	To – Month/Year	Brief statement covering this period, if applicable

List all intervals of unemployment, if any, during the last 10 years.

## SPECIAL TRAINING OR SKILLS

Indicate any training or skills you feel might be of interest or value.

\_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE

Have you served in the United States Military Reserves or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service	Highest Rank

Indicate any training or skills acquired during military service you feel might be of interest or value.

\_\_\_\_\_

Why do you feel qualified for or desire this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please read this carefully before signing.

## **RELEASE AND PRIVACY STATEMENT**

I understand that McClatchy and The Tribune require certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize McClatchy and The Tribune to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigation and release all parties from all liability or responsibility with respect to the information supplied.

I understand that any employment with McClatchy and The Tribune is “at will” and would not be for any fixed period of time and that, if employed, the Company or I can terminate our employment relationship at any time, with or without reason, and for any reason or no reason at all. I further acknowledge my understanding that statements which may be contained in policies, handbooks and other Company material do not create any guarantees of employment nor contractual rights and that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any other employee or agent of the Company has the authority to alter the above, and that any promises to the contrary will only be relied upon by me if they are in writing signed by the Company Publisher.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be grounds for immediate discharge, if I am employed.

I understand that, as part of the application process, I may be required to pass a test for the illegal use of drugs.

I further understand that any offer of employment may be contingent upon a medical evaluation that I am able to perform the essential functions of the job, with or without reasonable accommodation.

I understand this application will be considered current for 90 days, and that a new application must be completed for further consideration after 90 days.

I acknowledge that I have read and understand the above statement.

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Signature of Applicant

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Date