

The Modesto Bee

modbee.com

1325 H Street, Modesto, CA 95354
(209) 578-2093

| | | |
|-------------------------------------|--------|-----------------|
| For Human Resources Use Only | | |
| Disposition: | _____ | |
| | _____ | |
| | _____ | |
| Test Results: | Typing | Spelling 10-Key |

APPLICATION FOR EMPLOYMENT

It is the policy of The Modesto Bee and The McClatchy Company to provide equal opportunity on the basis of merit, qualification and competency to all persons without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, gender identity, ancestry, medical condition, family care status, pregnancy or physical disability (except where physical fitness is a valid occupational qualification), or any other basis protected by law.

| | | |
|---|--|--|
| POSITION APPLIED FOR | DEPARTMENT | DATE OF APPLICATION |
| SEEKING: Full-Time _____ Part-Time _____ | SHIFT YOU CAN WORK: Days _____ Evenings _____ Nights _____ | |
| Are you available for work weekends and holidays? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PERSONAL INFORMATION

| | | | | |
|---|-------|-----------------------|------------------------|--|
| NAME (LAST, FIRST, MIDDLE) | | | SOCIAL SECURITY NUMBER | |
| ADDRESS | | | | |
| CITY | STATE | ZIP CODE | HOME PHONE () | ALTERNATE PHONE () |
| If hired, can you present evidence of your U. S. citizenship or proof of your legal right to live and work in this country? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| After a job offer is extended, job placement is contingent upon your passing a job-related physical exam and drug screen. Are you willing to take a physical exam and drug screen at our expense? <small>(Note: We comply with the ADA and consider all reasonable accommodation measures that may be available to assist qualified applicants/employees to perform essential job functions.)</small> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have any friends or relatives working for The Modesto Bee or The McClatchy Company? If yes, state name(s) and relationship: | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name: _____ | | Relationship: _____ | | |
| Have you ever been convicted of a criminal offense? <small>(Note: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and/or for which you were ordered to any pretrial or post-trial diversion program; misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)</small> | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____ | | | | |
| Are you currently employed? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you previously been employed by The Modesto Bee or The McClatchy Company? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Company(s): _____ | | Position/Dates: _____ | | |
| Who referred you to The Modesto Bee? <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency/College <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Line <input type="checkbox"/> Other | | | | |
| Bee Employee Name: _____ | | | | |

EMPLOYMENT HISTORY

(List employment history chronologically starting with most current. Please do not substitute a resume for this information.)

| | | | | | |
|-----------------------------|---|---------------------------------------|---|--|--|
| NAME OF COMPANY | | | DATES OF EMPLOYMENT FROM: / / TO: / / | | |
| ADDRESS | | | MAJOR RESPONSIBILITIES | | |
| CITY STATE ZIP | | | | | |
| PHONE NUMBER () | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| POSITION HELD | PART-TIME <input type="checkbox"/> | FULL-TIME <input type="checkbox"/> | | | |
| SALARY | HOURLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | | | |
| SUPERVISOR'S NAME AND TITLE | | | ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | REASON FOR LEAVING | | |

| | | | | | |
|-----------------------------|---|---------------------------------------|---|--|--|
| NAME OF COMPANY | | | DATES OF EMPLOYMENT FROM: / / TO: / / | | |
| ADDRESS | | | MAJOR RESPONSIBILITIES | | |
| CITY STATE ZIP | | | | | |
| PHONE NUMBER () | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| POSITION HELD | PART-TIME <input type="checkbox"/> | FULL-TIME <input type="checkbox"/> | | | |
| SALARY | HOURLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | | | |
| SUPERVISOR'S NAME AND TITLE | | | ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | REASON FOR LEAVING | | |

| | | | | | |
|-----------------------------|---|---------------------------------------|---|--|--|
| NAME OF COMPANY | | | DATES OF EMPLOYMENT FROM: / / TO: / / | | |
| ADDRESS | | | MAJOR RESPONSIBILITIES | | |
| CITY STATE ZIP | | | | | |
| PHONE NUMBER () | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| POSITION HELD | PART-TIME <input type="checkbox"/> | FULL-TIME <input type="checkbox"/> | | | |
| SALARY | HOURLY <input type="checkbox"/> | MONTHLY <input type="checkbox"/> | | | |
| SUPERVISOR'S NAME AND TITLE | | | ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | REASON FOR LEAVING | | |

OTHER EMPLOYERS

| EMPLOYER | CITY, STATE | DATES OF EMPLOYMENT | POSITION/DUTIES |
|----------|-------------|---------------------|-----------------|
| | | | |
| | | | |

REMARKS

EXPLAIN ANY GAPS IN EMPLOYMENT OF 30 DAYS OR MORE.

EDUCATION

| SCHOOL (Beginning with high school) | LOCATION OF SCHOOL | MAJOR COURSES/ FIELDS OF STUDY | HIGHEST LEVEL COMPLETED | DEGREE(S) RECEIVED |
|--|--------------------|-----------------------------------|----------------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CLERICAL SKILLS

| | | |
|--|---|---------------------------------------|
| TYPING SPEED _____ Words Per Minute | ACCOUNTS PAYABLE Years Of Exp _____ | JOURNAL ENTRIES Years Of Exp _____ |
| 10-KEY BY TOUCH _____ Yes _____ No | ACCOUNTS RECEIVABLE Years Of Exp _____ | BOOKKEEPING Years Of Exp _____ |
| COMPUTER/SOFTWARE EXPERIENCE List Programs: _____ | | |

SPECIAL SKILLS, CERTIFICATIONS OR LICENSES

List any special skills, certifications or licenses that may be relevant to the position for which you are applying.

MILITARY SERVICE

Did you serve in the U.S. Armed Services?

 YES NO

If yes, briefly describe any skills acquired in the service that are relevant to the position.

REFERENCES

Name, address, business, phone number, years acquainted. Please list references who are not related to you.

1. _____
2. _____
3. _____

APPLICANT DRUG TESTING NOTICE

The Modesto Bee is committed both to maintaining a safe and efficient workplace that is free of drugs and alcohol, and to discouraging drug, alcohol and substance abuse by its employees. In accordance with this commitment and in compliance with The Modesto Bee's Drug, Alcohol and Substance Policy, continued employment is contingent upon adhering to the policy. This includes cooperating with Reasonable Suspicion Drug Testing.

In the event of Reasonable Suspicion testing, employees will be asked to sign an acknowledgement and consent form and to provide a urine sample to The Modesto Bee-appointed medical staff for the drug test and/or submit to a breath analyzer test. Refusal to sign the acknowledgment and consent or submit to a drug and/or alcohol test will be treated the same as a positive result.

Test samples will be sent to an independent National Institute of Drug Abuse (NIDA)-certified medical clinic or laboratory for processing. All test results will then be read and interpreted by a Modesto Bee - appointed, Medical Review Official (MRO)-certified physician. Positive test results will be confirmed by a gas chromatography/mass spectrometry. The Modesto Bee will pay the cost of the first drug test and for the confirmation of a positive test result. If an employee disagrees with a confirmed positive test result, the employee may have the same sample sent to a NIDA-certified lab to be tested at his or her own expense. This request must be made in writing within two days of being advised of a positive test result.

The offer of employment will be revoked if you test positive. If you test positive, you will not be eligible to reapply with the Company for at least twelve months from the date of the last drug test. All drug-testing records are kept confidential. Access to such information is limited to individuals who have a business need to know.

I understand that if I receive an offer of employment from The Modesto Bee, the offer will be contingent upon successful completion of a urine drug screen.

Signature: _____ **Date:** _____

APPLICANT'S ACKNOWLEDGEMENT

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize The Modesto Bee to secure information about my experience with former employers, educational institutions and agencies, and for those parties to provide information concerning my experience. I release all parties from any liability arising therefrom. Furthermore, I understand that all offers of employment are contingent upon the successful completion of a thorough reference check.

I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is at-will and may be terminated at any time, with or without prior warning, with or without notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company. This statement of the employment at-will relationship is the entire agreement between employees and The Modesto Bee as to the duration of employment.

I certify that I have read and understand the foregoing, and to the best of my knowledge and belief, all the information on this form is true and correct.

Signature: _____ **Date:** _____