



OCEANSIDE COMMUNITY SERVICE TELEVISION CORP.  
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## EMPLOYMENT APPLICATION

Please Attach Resume

APPLICATION DATE:		AVAILABLE START DATE:		
NAME (PLEASE PRINT):				
STREET OR MAILING ADDRESS:				
CITY / STATE / ZIP:				
DAY PHONE: ( )		EVE PHONE: ( )		
EMERGENCY CONTACT NAME:				
RELATIONSHIP:		PHONE:		
SOCIAL SECURITY NUMBER:		E-MAIL:		
<b>PLEASE DESCRIBE AREAS OF EXPERIENCE AND SKILLS:</b>				
<input type="checkbox"/> PRODUCER	<input type="checkbox"/> DIRECTOR	<input type="checkbox"/> ASSISTANT DIRECTOR	<input type="checkbox"/> TECHNICAL DIRECTOR	<input type="checkbox"/> WRITER
<input type="checkbox"/> STUDIO CAMERA	<input type="checkbox"/> FIELD CAMERA	<input type="checkbox"/> FLOOR DIRECTOR	<input type="checkbox"/> AUDIO TECHNICIAN	<input type="checkbox"/> EDITOR
<input type="checkbox"/> GRAPHIC ARTIST	<input type="checkbox"/> VO TALENT	<input type="checkbox"/> LIGHTING TECHNICIAN	<input type="checkbox"/> CABLECAST TECHNICIAN	<input type="checkbox"/> PHOTOGRAPHER
<input type="checkbox"/> RECEPTION	<input type="checkbox"/> HANDY MAN	<input type="checkbox"/> ENGINEER/ELECTRICAL	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> MANAGEMENT
<input type="checkbox"/> OTHER SKILLS (PLEASE SPECIFY BELOW):				
<b>PLEASE LIST AREAS OF SPECIAL INTEREST:</b>				
<b>Employment TERM:</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL				
<b>PLEASE LIST DAYS AND HOURS YOU ARE AVAILABLE FOR VOLUNTEER WORK:</b>				
<input type="checkbox"/> MONDAY:	TIME: FROM	TO		
<input type="checkbox"/> TUESDAY:	TIME: FROM	TO		
<input type="checkbox"/> WEDNESDAY:	TIME: FROM	TO		
<input type="checkbox"/> THURSDAY:	TIME: FROM	TO		
<input type="checkbox"/> FRIDAY:	TIME: FROM	TO		
<input type="checkbox"/> SATURDAY:	TIME: FROM	TO		
<input type="checkbox"/> SUNDAY:	TIME: FROM	TO		

... CONTINUED ->

# PLEASE LIST REFERENCES

MOST RECENT EMPLOYER	
SUPERVISOR'S NAME	
BUSINESS NAME	
ADDRESS	
CITY / STATE / ZIP	
PHONE	
DATES OF EMPLOYMENT	

PERSONAL REFERENCES (3)		
<b>1</b>	<b>NAME</b>	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE	
<b>2</b>	<b>NAME</b>	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE	
<b>3</b>	<b>NAME</b>	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE	

APPLICANT SIGNATURE:	
DATE:	

FOR OFFICE USE ONLY	
INTERVIEWED BY:	
DATE NOTIFIED:	
COMMENTS	