



OCEANSIDE COMMUNITY SERVICE TELEVISION CORP.
 3038 INDUSTRY STREET ▪ SUITE 101 ▪ OCEANSIDE CA 92054
 PHONE 760 722-4433 ▪ FAX 760 722-5849 ▪
 EMAIL koct@koct.org ▪ Website: www.koct.org

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 :	

PLEASE DESCRIBE AREAS OF EXPERIENCE AND SKILLS:					
<input type="checkbox"/> RECEPTION RELIEF	<input type="checkbox"/> KOCT TOUR DOCENT	<input type="checkbox"/> GREETER	<input type="checkbox"/> VO MANAGER	<input type="checkbox"/> LIGHTING	<input type="checkbox"/> WEB PAGE PHOTOGRAPHER
<input type="checkbox"/> FILING / CLERICAL / DATA ENTRY SKILLS	<input type="checkbox"/> TAPE / PHOTO LIBRARIAN	<input type="checkbox"/> ERRANDS	<input type="checkbox"/> PUBLIC ACCESS OUTREACH		<input type="checkbox"/> PROMO SCRIPT WRITER
<input type="checkbox"/> CAMERA OPERATOR	<input type="checkbox"/> RESEARCH FREE PROGRAMMING	<input type="checkbox"/> EDITOR	<input type="checkbox"/> HANDY MAN	<input type="checkbox"/> AUDIO	<input type="checkbox"/> KOCT INDIE FILM ASSISTANT
<input type="checkbox"/> ENG CAMERA TEAM FOR LECTURES	<input type="checkbox"/> CHARACTER GRAPHICS	<input type="checkbox"/> COMPUTER GRAPHICS		<input type="checkbox"/> ENGINEERING/ELECTRICAL	
<input type="checkbox"/> INSIDE OCEANSIDE SEGMENT PROD.	<input type="checkbox"/> INSIDE OCEANSIDE STORY IDEAS	<input type="checkbox"/> BULLETIN BOARD ART PRODUCER	<input type="checkbox"/> BULLETIN BOARD COORDINATOR	<input type="checkbox"/> FUND RAISER	
<input type="checkbox"/> PROGRAMMING ADVISORY COMMITTEE	<input type="checkbox"/> SPECIAL EVENTS	<input type="checkbox"/> FLOOR DIRECTOR	<input type="checkbox"/> CABLECASTER	<input type="checkbox"/> DEVELOPMENT	
<input type="checkbox"/> PUBLIC RELATIONS	<input type="checkbox"/> OTHER SKILLS (PLEASE SPECIFY BELOW):				

PLEASE LIST AREAS OF SPECIAL INTEREST:
VOLUNTEER TERM: <input type="checkbox"/> SHORT TERM <input type="checkbox"/> LONG TERM <input type="checkbox"/> EPISODIC <input type="checkbox"/> PERIODIC <input type="checkbox"/> OCCASIONAL

PLEASE LIST DAYS AND HOURS YOU ARE AVAILABLE FOR VOLUNTEER WORK:		
MONDAY:	TIME: FROM	TO
TUESDAY:	TIME: FROM	TO
WEDNESDAY:	TIME: FROM	TO
THURSDAY:	TIME: FROM	TO
FRIDAY:	TIME: FROM	TO
SATURDAY:	TIME: FROM	TO
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)		
1	NAME	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE ()	
2	NAME	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE ()	
3	NAME	
	ADDRESS	
	CITY / STATE / ZIP	
	PHONE ()	

APPLICANT SIGNATURE:	
DATE:	

FOR OFFICE USE ONLY	
INTERVIEWED BY:	
DATE NOTIFIED:	
COMMENTS	