

Please feel free to check out our website at www.mdsales.net.

APPLICATION FOR EMPLOYMENT

MEDIA DIRECT SALES LLC

Phone: (828) 676-1387 Fax: (888) 789-9821

Date _____

Applicants with disabilities who desire accommodation in completing the pre-employment questionnaire are invited to discuss their needs with the Office Manager.

Media Direct is an equal opportunity employer. Discrimination because of race, color, religion, national origin, age, disability, or sex is prohibited. Persons who believe they have been discriminated against have the right to notify the Federal Communications Commission, Washington D.C. 20554; the Equal Employment Opportunity Commission, Washington D.C. 20554 or any other appropriate agency. They may also bring the matter directly to the attention of the manager of this system.

Please fill in all spaces. If an item does not apply, write "none." This application will be considered current for 30 days from this date. After that time the application must be renewed to be considered. Please print in ink, clearly and legibly. You must complete your own application.

Name _____ Social Security No. _____
LAST FIRST MIDDLE

(Please list **past 7 years residence** addresses, beginning with current address. Use separate sheet if necessary)

Current Address _____
NUMBER AND STREET COUNTY CITY STATE ZIP

Telephone: _____ Alternate Phone: _____

Cell Phone: _____ E-mail Address: _____

Previous Address _____
NUMBER AND STREET COUNTY CITY STATE ZIP From To

Previous Address _____
NUMBER AND STREET COUNTY CITY STATE ZIP From To

Position applying for: _____ Date available for work: _____ Shirt Size _____

Type of position desired: _____ Full time _____ Part time

Will you work _____ daily _____ evenings _____ weekends

How did you hear about Media Direct? _____

If you were referred by a Media Direct employee, please list name: _____

Must have valid driver's license: _____

STATE NUMBER EXPIRE DATE
Can you show proof of coverage on auto insurance? _____ Yes _____ No

Are you presently employed _____ Yes _____ No Why do you wish to change jobs? _____

Have you ever worked for Insight or Comcast before? _____ Yes _____ No If so, When? _____

Do you have the legal right to work in the United States? _____ Yes _____ No Over 18? _____

(If contracted, proof of status will be required)

Do you intend to work anywhere else in addition to working at Media Direct? _____

If so, where? _____

Have you ever been convicted of a crime by a civilian or military court (other than a minor traffic violation)? _____ Yes _____ No If so, give details: _____

(Conviction of a crime is not an automatic bar to contractor employment. All circumstances will be considered.)

Have you ever been bonded? _____ Yes _____ No If yes, for what job(s)? _____

Have you ever been denied bond coverage? _____ Yes _____ No If yes, explain _____

EMPLOYMENT and/or CONTRACTOR HISTORY: Please list all positions for the **past 7 years**, giving present or last position first. Use additional pages if necessary.

1. Date worked: From _____ To _____
Company / Employer's name _____
Employer's Address _____
Supervisor's name _____ Title _____
Supervisor's telephone no. _____
Wage or salary: Starting _____ Final _____
Reason for leaving _____
Your job title and duties _____

2. Date worked: From _____ To _____
Company / Employer's name _____
Employer's Address _____
Supervisor's name _____ Title _____
Supervisor's telephone no. _____
Wage or salary: Starting _____ Final _____
Reason for leaving _____
Your job title and duties _____

3. Date worked: From _____ To _____
Company / Employer's name _____
Employer's Address _____
Supervisor's name _____ Title _____
Supervisor's telephone no. _____
Wage or salary: Starting _____ Final _____
Reason for leaving _____
Your job title and duties _____

May we contact the employers/contractors listed above? Yes No If not, indicate by number which one(s) we may not contact and state why: _____

Please account for all periods of unemployment longer than three (3) months: _____

EDUCATION: Name and Address Course of Study Last Year Completed Graduated? Date Last Attended

High School _____ 1 2 3 4 __Yes __No _____

College _____ 1 2 3 4 __Yes __No _____

Other _____ 1 2 3 4 __Yes __No _____

List any additional work experience, skills, information, licenses, certifications, special study, or research work relating to position applied for or of general interest: _____

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain: _____

PLEASE LIST ANY RELATIVES OR FRIENDS EMPLOYED BY INSIGHT OR COMCAST:

	NAME	RELATIONSHIP	WHERE EMPLOYED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PERSONAL REFERENCES: Please list **three** business people, professionals, or other persons who are **not** relatives, former employers, or employees of Insight or Comcast.

	NAME	HOW LONG KNOWN	OCCUPATION	TELEPHONE
1.	_____	_____	_____	_____
	COMPLETE ADDRESS _____			
2.	_____	_____	_____	_____
	COMPLETE ADDRESS _____			
3.	_____	_____	_____	_____
	COMPLETE ADDRESS _____			

IMPORTANT: READ CAREFULLY

I certify that my answers to the foregoing questions are true and correct and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former contractor employers and all other persons named herein who might have information concerning me, to give any information regarding my former employment or other information they may have regarding me whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Media Direct. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any such future employment is terminable by either party at will with no notice or cause. No person other than the President of Media Direct may modify or amend the provisions stated herein.

DATE

SIGNATURE

**Media Direct Sales, LLC
AUTHORIZATION FORM
EMPLOYMENT**

(1) BACKGROUND INVESTIGATION QUESTIONNAIRE:

Name:

(Last) (First) (Middle Name)

Address:

(Street) (City) (State) (Zip Code)

Social Security Number: _____ **Telephone Number:** _____

Other Name (s): _____ / _____
(Used Within the Last 7YRS. E.g. Maiden, Other Married Names) Year of Name Change

Driver's License Number: _____ **State** _____ **Date of Birth:** _____

Previous Residential Addresses (Previous 7 years):

Former Address:

Street City State Years Resided

Former Address:

Street City State Years Resided

Former Address:

Street City State Years Resided

Have you ever been convicted of a criminal offense, either misdemeanor or felony, other than minor traffic violations?
Yes _____ No _____

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?
Yes _____ No _____

(2) AUTHORIZATION AND GENERAL RELEASE:

I hereby authorize Media Direct, all of its subsidiaries and affiliates and any employee or agent, including Fowlers' Profile Links, Inc. to request and receive any information and records concerning me, including but not limited to consumer, criminal record history, driving, employment, military and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers. I further release and discharge Media Direct and all of its subsidiaries and affiliates, and every employee or agent including Fowlers' Profile Links, Inc., and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to Fowlers' Profile Links, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided for employment purposes the above information, and I have carefully read and I understand this authorization.

NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Links, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

SIGNATURE: _____ DATE: _____