

**SAGA COMMUNICATIONS OF ILLINOIS, LLC**

3501 EAST SANGAMON AVE

SPRINGFIELD, IL 62707

(217) 753-5400

**APPLICATION FOR EMPLOYMENT**

(Please Print)

This application will only be considered for the ninety calendar day period after its receipt by Saga Communications of Illinois, LLC. Should you wish to be considered after the expiration of this period, you must reapply.

**I. General Information**

Name: \_\_\_\_\_  
Last First Middle

Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address City State Zip Code

If under 18, please state your age: \_\_\_\_\_ Position Desired: \_\_\_\_\_

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.?  Yes  No

Please provide any special information we may need about your name or use of another name for us to be able to check your work record and otherwise verify the information given in this Application: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give dates \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give dates \_\_\_\_\_

Are any of your relatives current or former employees of Saga Communications, Inc.?  Yes  No

Are you employed now?  Yes  No If so, may we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work full time?  Yes  No Part time?  Yes  No

Have you ever been convicted of a crime except a minor traffic violation?  Yes  No

If yes, please state citation, date and place where offense occurred. \_\_\_\_\_

***A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of the offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.***

If you served in the U.S. Armed Forces, please indicate:

- Branch of Service \_\_\_\_\_ Rank at discharge \_\_\_\_\_
- Date of discharge \_\_\_\_\_ Dishonorable discharge?  Yes  No
- Describe any special training \_\_\_\_\_

Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation?  Yes  No

The need for an accommodation does not necessarily bar employment. Please note that if hired you must inform the Company in writing of the need for accommodation within 182 days after the date that you knew or reasonably should have known that an accommodation is needed. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.

If you are hired, in case of emergency, we should notify:

\_\_\_\_\_

Name
Address
Phone No.

**II. REFERENCES**

Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS & PHONE	EMPLOYER & TITLE	YEARS ACQUAINTED

**III. EDUCATION**

	NAME & LOCATION OF SCHOOL	MAJOR SUBJECTS STUDIED	YEARS ATTENDED (FOR VERIFICATION PURPOSES ONLY)	GRADUATED? (YES OR NO)	DEGREE, DIPLOMA, OR CERTIFICATE AND YEAR OBTAINED
High School		N/A	N/A		N/A
Technical Training					
College					
Other					

**IV. EMPLOYMENT HISTORY**

Start with present and also list all previous employment (*use separate sheet if necessary*). Start with present employment and work back.

<b>DATES (MONTH AND YEAR)</b>	<b>EMPLOYER'S NAME, ADDRESS, &amp; PHONE NUMBER</b>	<b>SUPERVISOR'S NAME &amp; TITLE</b>	<b>POSITIONS</b>	
From				
To				
<i>Reason for Leaving:</i>				
From				
To				
<i>Reason for Leaving</i>				
From				
To				
<i>Reason for Leaving</i>				
From				
To				
<i>Reason for Leaving</i>				
From				
To				
<i>Reason for Leaving</i>				

May we contact the employers listed above?  Yes  No

If not, indicate which one(s) you do not wish us to contact:

**V. SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience, as well as how you believe they would be of value to Saga Communications, Inc.. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other skills/Experience: \_\_\_\_\_

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## **VI. ARBITRATION**

Arbitration is the procedure used for the resolution of certain claims that may arise between the Company and employees. In the interest of a prompt and fair resolution of such claims, every employee is required to enter into an Arbitration Agreement in exchange for employment with the Company.

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### **ARBITRATION AGREEMENT**

If offered employment with Saga Communications of Illinois, LLC and Saga Communications, Inc. (the "Company"), I understand that offer is contingent upon my agreement to arbitrate any and all legal disputes in connection with my employment by the Company. Accordingly, I agree as follows:

1. Any and all claims or disputes that I may have in the future that the Company violated applicable law in connection with my employment by the Company or the termination of such employment will be resolved solely and exclusively by final and binding arbitration. This includes, without limitation, any and all claims arising under Title VII of the Civil Rights Act of 1964; the Family Medical Leave Act; the Americans with Disabilities Act; the Age Discrimination in Employment Act; any "whistleblower" law; any claim for commissions, wages or any other form of compensation; and any other federal, state or local laws.
2. Binding arbitration will be conducted before a mutually selected arbitrator in accordance with the rules of the Federal Mediation and Conciliation Service. A copy of those rules will be provided to me upon request. Both the Company and I have the right to be represented by counsel or other authorized representative at such arbitration. The Company will pay the filing fee and the expenses of the arbitrator. Each party shall pay its own attorney fees, witness fees, discovery costs and other expenses incurred for its own benefit, unless otherwise provided by statute. Either party, at its expense, may arrange for and pay the costs of a court reporter to provide a transcript of the proceedings.
3. The decision of the arbitrator will be final and binding on both the Company and me. The arbitrator shall issue a written award, containing findings of fact and conclusions of law within the time limits provided by the National Rules for the Resolution of Employment Disputes. In determining the award, the arbitrator will be limited in authority where there is a claim of discriminatory termination to awarding reinstatement and/or back pay. With respect to any claim to the effect that I was forced to resign due to illegal discriminatory acts by the Company, the arbitrator will be limited in authority solely to awarding money damages not to exceed back pay plus up to one year of future earnings computed at my last annual compensation level with the Company. This award will be the sole and exclusive remedy of any and all claims.
4. Any claims which I may have against the Company must be asserted by written notice sent by certified mail to the Company no later than 120 days following the termination of my employment. Otherwise, all such claims shall be deemed waived and the Company shall have no liability for them. The written notice should identify and describe the nature of each claim asserted, the facts upon which each claim is based, and the relief or remedy sought. Written notice to the Company should be sent to: Saga Communications, Inc., 73 Kercheval Avenue, Grosse Pointe Farms, MI 48236, ATTN: Sr. Vice President of Human Resources.

5. This agreement is not an offer of employment or a contract of employment but only an agreement to arbitrate. This agreement may not be amended, altered or waived except by the signed written agreement of both the Company and me.
6. By signing this Agreement, I understand that I am giving up any right to have any claims covered by this Agreement heard by a judge or a jury in court. This does not prohibit me from filing a claim or communicating with any governmental agency including the Equal Employment Opportunity Commission or the Department of Labor.
7. This Agreement does not cover workers' compensation benefits, claims for unemployment compensation benefits, wage and hour disputes within the jurisdiction of any state Labor Commissioner, or claims covered by the National Labor Relations Act.
8. Should any provision of this Agreement be found to be unenforceable, such portion will be severed from the Agreement and the remaining portions shall remain in full force and effect.
9. I agree that the obligations imposed on me in this Agreement shall become effective immediately upon hire and I shall remain bound under this Agreement after termination.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND WHAT IT SAYS, AND I AGREE TO ALL OF ITS PROVISIONS. I ALSO ACKNOWLEDGE THAT, UPON REQUEST, I WAS GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH MY PRIVATE ATTORNEY PRIOR TO SIGNING.**

\_\_\_\_\_

Name

\_\_\_\_\_

Date

## VII. DISCLOSURE AND AUTHORIZATION

Please read the following statements carefully. Initial each one and sign to indicate your understanding.

\_\_\_ I certify that the information given in this Application and related documentation is true and complete. I understand that false statements, regardless of when discovered by the Company, will be grounds for immediate disqualification or discharge, if I am employed.

\_\_\_ I understand that the Company is an Equal Opportunity Employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, citizenship, disability, genetic information, height, weight, and marital status.

\_\_\_ I recognize that the Company is an "at will" employer. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by the Company's Chief Executive Officer.

\_\_\_ I agree that any action or suit against the Company arising out of my employment or termination of employment including, but not limited to, claims arising under state or federal civil rights statutes, must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitations to the contrary.

\_\_\_ I understand that if employed I may be asked and I agree to sign a Non-Compete Agreement and/or a Confidentiality Agreement or any other agreement with restrictive covenants. I also understand and agree that my employment will be subject to employment policies that the Company adopts throughout the term of my employment.

\_\_\_ I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

\_\_\_ I understand that the Company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize the Company to do the same. I also authorize all individuals, schools, and employers named, except as specifically limited on this application\*, to provide information requested about me and I release them from liability for damages in providing this information. I understand that in connection with my employment, the Company may obtain "consumer reports" regarding me and use those reports for employment purposes in order to evaluate me for employment, promotion, reassignment or retention as an employee. This inquiry and such reports may include information as to my character, general reputation, personal characteristics, names and dates of previous employers, reason for termination of employment, job performance, credit history, work experience, driving record, and criminal record.

\_\_\_ By signing below, I acknowledge that this Disclosure and Authorization shall remain on file and shall serve as ongoing authorization for the Company to obtain consumer reports regarding me for employment purposes.

\* Employers specifically excepted: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

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**Interviewed By:**

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**If Hired:**

Hire Date: \_\_\_\_\_ Position \_\_\_\_\_

Will Report to: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Arbitration Agreement Signed:  Yes  No

Referral Source: \_\_\_\_\_