



615 W. Lafayette Detroit, MI 48226 313-223-4333

## Personal Information

Name (Last)	(First)	(Middle Initial)	Social Security Number	
Present Address	Apt. No.	City	State	Zip
Permanent Address (If Different)	Apt. No.	City	State	Zip
Are you 18 years or older?	Yes No	Daytime Telephone Number		Evening Telephone Number
Do you have a work permit?	Yes No	E-Mail Address		Cell Phone Number

## Desired Employment

Position	Date You Can Start	Salary Desired	
Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes No			
Are you employed now?	If so, may we inquire of your present employer?		
Yes No	Yes No		
Have you ever applied to this company, The Detroit News, or Detroit Free Press?	Where?	When?	
Yes No			
Do you have a relative employed by this company, The Detroit News, or Detroit Free Press? Yes No If yes, provide name and relationship to you.			
Have you ever used a different name in a work or educational setting? Yes No If yes, provide name, and dates used.			
Have you ever worked for this company, Gannett, or one of its subsidiaries?	Where?	When?	
Yes No			
Reason for leaving			
Name of last supervisor			
How were you referred to us?			
<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Friend/Employee	<input type="checkbox"/> Website	
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Other	

## Education

School Level	Name and Location of School	Number of Years Attended	Did You Graduate?	Subjects Studied Degree Received
High School				
College				
Trade, Business Or Correspondence School				

## Skills/Knowledge

Special Training/Seminars Completed

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Special Skills/Software Proficiency

**Please List Current and Previous Employment** (List Most Recent First)

Name of Current Employer

Address City State Zip

Starting Date Leaving Date Job Title

Weekly Starting Salary Weekly Final Salary May we contact your supervisor?  
Yes No

Name of supervisor? Title Phone Number

Description of Work Duties

May this employer be contacted for a reference? Reason for Leaving  
Yes No

Name of Previous Employer

Address City State Zip

Starting Date Leaving Date Job Title

Weekly Starting Salary Weekly Final Salary May we contact your supervisor?  
Yes No

Name of supervisor? Title Phone Number

Description of Work Duties

May this employer be contacted for a reference? Reason for Leaving  
Yes No

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Name of Previous Employer

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Address

City

State

Zip

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Starting Date

Leaving Date

Job Title

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Weekly Starting Salary

Weekly Final Salary

May we contact your supervisor?

Yes No

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Name of supervisor?

Title

Phone Number

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Description of Work Duties

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May this employer be contacted for a reference?

Yes No

Reason for Leaving

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Name of Previous Employer

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Address

City

State

Zip

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Starting Date

Leaving Date

Job Title

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Weekly Starting Salary

Weekly Final Salary

May we contact your supervisor?

Yes No

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Name of supervisor?

Title

Phone Number

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Description of Work Duties

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May this employer be contacted for a reference?

Yes No

Reason for Leaving

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## Other Data

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld or prosecution deferred?

Yes No

If yes, please give details and dates of each: (Dates MUST be provided).

Special Note to Applicants: A conviction record will not necessarily be a bar to employment. Factors such as the nature, seriousness and timing of the offense and rehabilitation will be taken into account.

Are you legally permitted to work in the United States?

Yes No

Special Note to Applicants: If hired, you will be required to submit proof of U.S. Citizenship or of lawful alien status which permits you to work in the United States.

## Military Service Record

Branch of Service

Discharge Date and Rank

## If Applying For A Position Requiring Driving:

Do you own or have the use of a car?

Yes No

Do you have a valid driver's license?

Yes No

Is your car, or the the car you will use, covered by the minimum liability insurance required by state law?

Yes No

Note: If hired, you will be required to show your driver's license and evidence of insurance coverage.

Please list traffic violations (other than parking) and automobile accidents incurred during the past three years:

## Agreement

I certify that the information given in this application and/or other information I furnish the Company in interviews, on my resume or related documents is true and complete to the best of my knowledge. 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. I authorize all individuals, schools and employers named herein and all financial institutions, law enforcement agencies, and other persons, 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 and acknowledge that any misrepresentation or omission of fact by me can result in termination of the application process or, if I am already hired, immediate discharge.

I understand that I may be required to take a drug test as a condition of employment and I consent to such drug screens. I understand that any failure of a drug test or my refusal to participate in such a test can result in a termination of the application process or an immediate discharge.

I understand and agree that, if employed; my employment and compensation shall be at the will of the Company and can be terminated, with or without notice, at the option of either the Company or myself. I further understand and agree that no Company manager, representative, agent or employee, other than its President, has any authority to enter into any agreement for employment for any specified time period or to make any agreement which is contrary to or a modification of the above-described employment relationship, and that any such agreement must be in writing and signed by both myself and the President of the Company in order for it to be effective.

This application will only be considered for a 90-day period from its receipt by the Company. I may reapply.

I have read, understand, and agree to the above.

Applicant's Signature

Date

## DETROIT MEDIA PARTNERSHIP AND DETROIT FREE PRESS ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS

Under Michigan Law, any person who needs accommodations for employment must notify the company in writing within 182 days after the need for accommodation is known.