

News Talk STL Employment Application



1. Employer Information

Full or Part Time?

Employer:	EPIC STL, LLC d/b/a News Talk STL	
Address:	401 S. 18th Street, Suite 100	•
City/State/Zip:	St. Louis, MO, 63103	•
Telephone:	314-408-8700	
	L, LLC to provide equal employment opportunities to any legally protected status such as race, color, reliteran status.	
2. Applicant Information	on	
Applicant Full Name:		
Home Address:		
City/State/Zip:		
Number of years at this address:		
Daytime Phone:		
Evening Phone:		
Mobile Phone:		
Social Security Number: Driver's License (State & Number):		
3. Emergency Contact		
Who should be contacted if you are involved in an emergency?		
Contact Name:		
Relationship to you:		
Address:		
City/State/Zip:		
Daytime Phone:		
Evening Phone:		
4. Job Position Applied For	*•	

5. Salary Desired:	\$	per		
6. Who referred you to our company, or where did you hear about us?				
List friends or relatives who currently work here:				
	Yes			
If yes, when?				
8. If you are offered employment, when would you be available to begin work?				
	Yes	No		
Specialized Training:				
		Certification		
I certify that the information provious information will be the basis for rej				
I authorize EPIC STL, LLC to con authorize my former employers an employment, attendance, and grad regarding my previous employmen	d educational organies. I authorize tho	nizations to fully and fre	ely communicate information	on regarding my previous
If an employment relationship is crebehalf of the owners, the employmeither I or my employer will be ablewill have the full and complete disc Similarly, my employer will have twritten contract of employment sign of the employment relationship.	ent relationship wil e to terminate the e cretion to end the e he right. Moreover	I be "at-will." In other we mployment relationship mployment relationship on agent, representative.	words, the relationship will be at any time without cause. when I choose and for the ree, or employee of EPIC STI	we entirely voluntary, and With appropriate notice, I easons of my choice. L, LLC, except in a specific
		LY READ THE ABO STAND AND AGRE	OVE CERTIFICATION EE TO ITS TERMS.	
	Applicant Sign	ature	Dat	e