



WMAQ/WSNS EEO PROGRAM COMMUNITY ORGANIZATION NOTIFICATION REQUEST FORM



Organizations that distribute information about employment opportunities to job seekers may request notices of full-time vacancies at NBC Owned Television Stations by completing and returning this form as instructed below. Please contact Station with any future changes in the general information below, especially the contact person and e-mail address. It is important to keep your information updated. Thank you!

I. GENERAL INFORMATION (Please complete all sections.)

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail address: _____

Name of Contact Person Title: _____

Type of Organization: _____

Date: _____

II. CATEGORIES OF JOB VACANCIES

Community organizations may request notice of all vacancies, or only those in specific categories. Please indicate what category(s) of job vacancy notices you would like to receive. (**Please select your preferences**)

- All Job Vacancies**
- Officials & Managers
- Professionals
- Technicians
- Office & Clerical
- Sales Workers
- Craft Workers (Skilled)
- Operators (Semi-skilled)
- Laborers (Unskilled)
- Service Workers

PRIVACY NOTICE: The Federal Communications Commission (FCC) requires all stations to report the names of community organizations requesting Job vacancy Information plus the contact person, address and telephone number of each organization in an annual EEO Public File Report that will be made available to the general public in the station's public inspection file and on its website. By requesting to be notified of job vacancies, you consent to the public disclosure of this information as required by the FCC.

Please return the completed form via e-mail or regular mail to: WMAQ/WSNS Human Resources Department 454 N Columbus Dr Chicago, IL 60611, E-mail: cheryl.thorne@nbcuni.com

WMAQ/WSNS is an equal opportunity employer.

For Internal Use Only:

Date Received by Station: _____

Mode of Delivery: E-mail

Primary Notification Selected for Vacancies

Cancellation of Notice Date: _____

Name of Station Personnel Processing Info: _____

U.S. Mail Fax Telephone Other

Contact Person for Cancellation: _____