

COMMUNITY NEWSPAPERS, INC. APPLICATION FOR EMPLOYMENT

Location: _____ [] Full time

Position Desired: _____ [] Part time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and Community Newspapers, Inc. ("CNI") has the same right. Any modification to this arrangement or agreement to the contrary must be in writing.

During the application process and while employed at CNI, I understand that CNI reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize CNI to investigate my driving record, my criminal record and my credit history during the application process and while employed at CNI. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigation.

I further understand that CNI may contact my previous employers and I authorize those employers to disclose to CNI all records and other information pertinent to my employment with them. I also authorize CNI to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____ Social Security No.: _____
(Print) Last First Middle

Present Address _____ How long have you lived there?

_____ City State Zip Years Months

Previous Address _____ How long did you live there?

_____ City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? [] Yes [] No

Have you ever worked for CNI before (at any of its locations on attached list)? [] Yes [] No If Yes, please give dates, position and location: _____

Do you have any friends or relatives working here? [] Yes [] No If Yes, Name: _____ Relationship: _____

How would you get to and from work? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? [] Yes [] No

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

| | | | | |
|--------------------------|---------------------------------|---------------------------|---------------------------------------------|---------------------------|
| Present or Last Employer | <u>Employed</u> From (mo/yr) | <u>Pay</u> Start \$ | <u>Your Title or Position</u> | <u>Reason for Leaving</u> |
| Address | | | | |
| City, State, Zip Code | To (mo/yr) | Final \$ | Name and Title <u>of Last Supervisor</u> | |
| Telephone | | | | |

| | | | | |
|------------------------|---------------------------------|---------------------------|---------------------------------------------|---------------------------|
| Previous Last Employer | <u>Employed</u> From (mo/yr) | <u>Pay</u> Start \$ | <u>Your Title or Position</u> | <u>Reason for Leaving</u> |
| Address | | | | |
| City, State, Zip Code | To (mo/yr) | Final \$ | Name and Title <u>of Last Supervisor</u> | |
| Telephone | | | | |

| | | | | |
|-----------------------|---------------------------------|---------------------------|---------------------------------------------|---------------------------|
| Previous Employer | <u>Employed</u> From (mo/yr) | <u>Pay</u> Start \$ | <u>Your Title or Position</u> | <u>Reason for Leaving</u> |
| Address | | | | |
| City, State, Zip Code | To (mo/yr) | Final \$ | Name and Title <u>of Last Supervisor</u> | |
| Telephone | | | | |

Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? [] Yes [] No. If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have which you feel is relevant to the position for which you are applying.

EDUCATION

| School Name | Years Completed: (Circle) | Diploma/Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills, and Extra- Curricular Activities |
|-------------------------|------------------------------|----------------|--------------------------------------|-------------------------------------------------------------------------------------------|
| Elementary | 4 5 6 7 8 | | | |
| High School | 9 10 11 12 | | | |
| College/University | 1 2 3 4 | | | |
| Graduate/Professional | 1 2 3 4 | | | |
| Trade or Correspondence | | | | |
| Other | | | | |

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____ Relationship _____

Home address _____

Street

City

State

Zip

Telephone _____ Work Telephone _____

PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

| Name | Occupation | Address (Street, City and State) | Telephone Number | Number of Years Known |
|------|------------|-------------------------------------|---------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

DRIVING INFORMATION

Do you have a current driver's license? [] Yes [] No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If Yes, please explain circumstances and outcome: _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

**COMMUNITY NEWSPAPERS, INC.
LISTING OF LOCATIONS**

Florida

Lake City Reporter, Lake City
Nassau County Record, Callahan
News-Leader, Fernandina Beach
Palatka Daily News, Palatka

Georgia

The Clayton Tribune, Clayton
The Dahlonega Nugget, Dahlonega
Dawson News & Advertiser, Dawsonville
The Elberton Star, Elberton
Franklin County Citizen, Lavonia
The Hartwell Sun, Hartwell
The News Leader, Royston
The News Observer, Blue Ridge
The Northeast Georgian, Cornelia
Sylvania Telephone, Sylvania
Tribune & Georgian, St. Marys
The Toccoa Record, Toccoa
White County News-Telegraph, Cleveland

North Carolina

The Andrews Journal, Andrews
The Anson Record, Wadesboro
Cashiers Printing, Cashiers
The Cherokee Scout, Murphy
Clay County Progress, Hayesville
Crossroads Chronicle, Cashiers
The Franklin Press, Franklin
The Graham Star, Robbinsville
The Highlander, Highlands
Mitchell News-Journal, Spruce Pine
Richmond County Daily Journal, Rockingham
Smoky Mountain Times, Bryson City

South Carolina

The Cheraw Chronicle, Cheraw
The Chesterfield Advertiser, Chesterfield
The Hampton County Guardian, Hampton
The People-Sentinel, Barnwell
The Citizen News, Edgefield