

**COMCAST
SPECTACOR**
EMPLOYMENT APPLICATION

COMCASTSPECTACOR.COM

LAST NAME

FIRST NAME

MIDDLE INITIAL

POSITION APPLIED FOR

PART-TIME OR FULL-TIME

DATE COMPLETED

COMCAST SPECTACOR IS AN EQUAL OPPORTUNITY EMPLOYER



WELLS FARGO
CENTER



SPECTRA
BY COMCAST SPECTACOR

COMCAST SPECTACOR

IT IS THE POLICY OF COMCAST SPECTACOR TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES TO ALL INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, AGE, NATIONAL ORIGIN OR ANCESTRY, CITIZENSHIP, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY FEDERAL, STATE OR LOCAL LAWS. ALSO, TO THE EXTENT REQUIRED BY LAW, EQUAL EMPLOYMENT OPPORTUNITIES WILL BE PROVIDED TO ALL INDIVIDUALS REGARDLESS OF ANY PERCEPTION THAT THE INDIVIDUAL HAS A PROTECTED CHARACTERISTIC, OR ASSOCIATES WITH A PERSON WHO HAS OR IS PERCEIVED AS HAVING ANY PROTECTED CHARACTERISTICS.

(Last Name) (First Name) (Middle Name)

(Address) (City) (State) (Zip Code)

(Telephone Number) (Email Address)

Is there any other name under which you have employment or education records? Yes _____ No _____

If yes, indicate name records are listed under: _____

Can you, within 3 days after employment, submit documentation verifying that you are legally eligible to work in the United States? Yes _____ No _____

How did you learn about us? _____

Are you related to any employee of the company? Yes _____ No _____

If yes, Name: _____ Relationship: _____

Have you ever worked for Comcast Spectacor or any of our subsidiaries before? Yes _____ No _____

Date(s): _____ to: _____ Reason for Leaving: _____

Position: _____ Supervisor's name: _____

Applicants under the age of 18 will not be considered for full-time employment.

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training or experience you believe are relevant:

Do you possess a High School diploma or GED certificate: Yes _____ No _____

College/University	Degree	Course of Study	Number of years completed
--------------------	--------	-----------------	---------------------------

Graduate School	Degree	Course of Study	Number of years completed
-----------------	--------	-----------------	---------------------------

COMCAST SPECTACOR

Days available: (Check appropriate box)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.							
P.M.							

Are there any days, shifts or hours you will not work? Yes _____ No _____

If yes, please explain: _____

Please list your minimum salary requirements: _____

EMPLOYMENT HISTORY: Please complete for full time/part-time employment

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

May we contact? Yes No

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

May we contact? Yes No

Company Name: _____ Telephone Number: (_____) _____

Address: _____ Dates Employed: _____ to: _____

Name of Supervisor: _____ Starting Salary: _____ Ending: _____

Job Title: _____ Reason for leaving: _____

May we contact? Yes No

REFERENCES: Please list three (3) employment references. Please list at least one (1) supervisor.

Name Organization/Company Name Telephone (_____) _____

Name Organization/Company Name Telephone (_____) _____

Name Organization/Company Name Telephone (_____) _____

COMCAST SPECTACOR

Applicant's Acknowledgment (Please read carefully and sign.)

I CERTIFY THAT THE INFORMATION I HAVE GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION, OMISSIONS OF FACTS OR INCOMPLETE ANSWERS IN ANY APPLICATION DOCUMENT WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT. I FURTHER UNDERSTAND THAT, IF EMPLOYED, ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS IN ANY APPLICATION DOCUMENT WILL BE CAUSE FOR MY IMMEDIATE DISMISSAL.

I UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT WITH THE EMPLOYER IS NOT FOR A SPECIFIC TERM AND MAY BE TERMINATED BY ME OR THE EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME, UNLESS I AM OTHERWISE COVERED BY A COLLECTIVE BARGAINING AGREEMENT. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOMER BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE EMPLOYER'S PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER, OTHER THAN A COLLECTIVE BARGAINING AGREEMENT TO WHICH I AM SUBJECT.

I AUTHORIZE INVESTIGATION OF ALL MATTERS OUTLINED IN THIS APPLICATION. I HEREBY GIVE THE COMPANY AND/OR ITS DESIGNATED SUBSCRIBER PERMISSION TO CONTACT PREVIOUS EMPLOYERS, DOCTORS, MEDICAL PROVIDERS, REFERENCES, AND TO CONDUCT INVESTIGATIVE BACKGROUND INQUIRES ON ME INCLUDING CONSUMER CREDIT, CRIMINAL CONVICTIONS, MOTOR VEHICLE AND OTHER REPORTS FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES THAT MAINTAIN RECORDS RELATED TO THE ABOVE MENTIONED ITEMS, AS WELL AS, CLAIMS RECORDS ON FILE AT INSURANCE COMPANIES. I HEREBY RELEASE THE COMPANY AND ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION FOR ANY PURPOSE RELATED TO MY EMPLOYMENT FROM ANY LIABILITY AS A RESULT OF SUCH CONTACTS. INFORMATION REGARDING CREDIT HISTORY AND DRIVING HISTORY WILL NOT BE INQUIRED INTO UNLESS IT IS NECESSARY AND DIRECTLY RELATED TO THE JOB APPLIED FOR IN THIS APPLICATION.

Applicant's Signature

Date



DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because Global Spectrum may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes. Consumer Reports or Investigative Consumer Reports will be obtained from CSS Inc. ("CSS") located at 20 E. Clementon Rd, Suite 201-S, Gibbsboro NJ, 08026. They can be contacted at 856-627-5600. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws, I hereby authorize and permit CSS, to obtain a consumer report and/or an investigative consumer report which may include the following: Reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by CSS from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

Additional State Law Notices: Please see the next page to read the additional notices that may be relevant to you if you live in or are applying for work in any of the following states: **California, Maine, New York, Washington, Massachusetts, Minnesota, Vermont, Oklahoma, Connecticut, Oregon, or New Jersey.**

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

_____ I acknowledge that I have received the attached State Law Notices. (Please initial)

_____ I acknowledge that I have received the attached Summary of Rights under the Fair Credit Reporting Act. (Please initial)

Further, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights.

Applicant Last Name: _____ First: _____ Middle: _____
Social Security #: _____ Date of Birth (for ID purposes only): _____
Drivers License Number: _____ State of Issue: _____
Present Address: _____
City/State/Zip _____
Applicant Signature _____ Date _____

California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.