

TOWNSQUARE MEDIA AND ALL AFFILIATES EMPLOYMENT APPLICATION

The Company is an equal employment opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

State, Zip Position Desired (1) How did you hear about th yesno Did Namyesno Do y Wha yesno ls the If yesyesno Haveyesno Haveyesno Are yo ability If yesyesno Do yoyesno Can yono Can yo	Phone nis position? you complete high school? ne of School you complete college? ne of College/University ree ou have special licensing or cert? ere any reason why you could not go any co	GPA rtification?	Date Available	
State, Zip Position Desired (1) How did you hear about th yesno Did Namyesno Do y Wha yesno ls the If yesyesno Haveyesno Haveyesno Are yo ability If yesyesno Do yoyesno Can yono Can yo	Phone place of School gou complete high school? gou complete college? gou complete college? gou for College/University gree ou have special licensing or cert? gere any reason why you could not go any co	GPA rtification?	Date Available	
Position Desired (1) How did you hear about th yesno Did y Namyesno Do y Wha yesno Is the If yes yesno Have yesno Have yesno Are you ability If yes yesno Do you yesno Can you	nis position?	GPAtification?		
How did you hear about theyesno Did Nam Degral	nis position?	GPA rtification?		
yesno Did Namyesno Did Nam	you complete high school? ne of School you complete college? ne of College/University ree ou have special licensing or cert? ere any reason why you could not, explain:	GPA rtification?		
yesno Did Namyesno Did Nam	you complete high school? ne of School you complete college? ne of College/University ree ou have special licensing or cert? ere any reason why you could not, explain:	GPA rtification?		
yesno Did y Nam Degryesno Do y Whayesno Is the If yesyesno Couldyesno Haveyesno Haveyesno Are yo ability If yesyesno Do yoyesno Can yo	you complete college? see of College/University ree ou have special licensing or cer t? ere any reason why you could not s, explain: d you work in a non-smoking en	GPA rtification?		
yesno Do y Whayesno Is the If yesyesno Couldyesno Haveyesno Haveyesno Are you ability If yesyesno Do youyesno Can youno Can you	ou have special licensing or cert?ere any reason why you could not, explain:	ot perform any of the i		
yesno Is the If yesno Could yesno Could yesno Haveyesno Are ye ability If yesyesno Do yoyesno Can ye	ere any reason why you could not go any reason why you could not go any go and a reason why you work in a non-smoking en	ot perform any of the i	oh dutios2	
yesno Have If yesyesno Haveyesno Are you ability If yesyesno Do youyesno Can you			op duties (
yesno Are yo ability If yesno Do yoyesno Can yo		vironment?		
yesno Are yo ability If yesno Do yoyesno Can yo	you ever been disciplined or fire, explain:	ed from a job?		
If yesno Do yo	you ever been employed by our	r company or predece	ssor? If so, please provi	ide dates and position:
yesno Can y	ou subject to any type of agreen to work for our Company (e.g., , please explain and provide a c	. non-compete, confide	entiality non-disclosure)	r that would restrict your ?
	u have a valid driver's license a	nd state minimum req	uired auto insurance?	
yesno Are yo	ou travel locally if required?			
	u related to any current employe	ee of Townsquare Me	dia? If so, please explai	n relationship:
yesno Can yo	ou work weekends and evenings	s?		
yesno Were/a	are you in the Armed Forces?			
yesno Are you yes or no answer to any	u willing to undergo a pre-emplo of the above questions does	oyment physical exam not necessarily disq	/ drug test? ualify applicant from e	mployment)
evious Work Experience available, please attach you gin with your present or las	ur resume or fill in information b st work experience. Include any	elow. y contract work and/or	volunteer work experien	ices.
rmer Employer				1000-020-000000
mpany:			Employed from	to
dress:		City		Zip
st position title:				F
al Annual Compensation:_	starting		ending	
ason for leaving:		Hours wo	orked each week:	
		Phone #:		
ies, responsibilities, and nu	umber you supervised: my willingness for you to tal			

For	mer Employer				
Con	npany:	Employed from	to		
	ress:City		Zip		
	position title:				
	Annual Compensation:starting				
Reas	son for leaving: Hour	s worked each week:			
Imm	ediate Supervisor: Phone #:				
Dutie	es, responsibilities, and number you supervised:				
My i	nitialsindicate my willingness for you to talk with this prior	employer.			
	any additional skills: outer skills, software, second languages, etc.				
	ICANTS AGREEMENT				
	rstand and agree that:				
1)	If I misrepresent or deliberately leave out any fact in my application, I may I	be refused employment or, if en	ployed, I may be terminated.		
2)	I understand that my employment is contingent upon a favorable background check. If the background check has not fully completed prior to my first day of employment and it comes back unfavorable as related to the position for which I was hired and as is deemed consistent with business necessity, I understand that I may be terminated.				
3)	The Company may verify all the information provided by me, including but r from liability all persons or entities supplying or collecting such information.	not limited to my education and	prior employment. I release		
4)	If I am employed by the Company, my employment is not for any specific pewithout prior notice by either me or the Company.	eriod of time and can be termina	ted at any time either with or		
5)	If I am offered a job with the Company, I understand that I may be required condition of my employment.	to sign a non-disclosure and/or	non-compete agreement as a		
5)	I authorize any doctor, hospital or testing laboratory that conducts medical to necessary for the Company to determine my ability to perform job duties now	ests on me to release all inform w and in the future, subject to lo	ation to the Company cal, state and federal law.		
)	Due to the nature of the Company's business I may be expected to work over includes Saturdays, Sundays and/or holidays.	ertime, a rotating work schedule	or a work schedule that		
)	Proof of the legal right to work in the United States will be required upon hire	i.			
)	If I am applying for a position where the need to use a company vehicle or use with my Driver's License number and I authorize the Company to obtain my reproof of auto insurance to the Company.	se my own vehicle is required, I motor vehicle/driving history . I	agree to provide you also agree to submit my		
0)	If I am employed by the Company, I understand that I may be required to sig	n an arbitration agreement as a	condition of my employment.		
1)	This application is valid for 2 weeks from the date of completion.				
nave re	ead and agree to the above. I hereby certify that the facts I provided in this	employment application are to	ue and complete.		
gnatur	e		-		
		dat	J		