TOWNSQUARE MEDIA BROADCASTING, LLC 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.

Name		SSN	Date			
Address		City				
State, Zip		Phone Date Available				
Position Desired (1)		(2)				
yes	no	Did you complete high school? Name of School	_			
yes	no	Did you complete college? Name of College/University Degree GPA	_			
yes	no	Do you have special licensing or certification? What?				
yes	no	Is there any reason why you could not perform any of the job duties? If yes, explain:				
yes	no	Could you work in a non-smoking environment?				
yes	no	Have you ever been disciplined or fired from a job? If yes, explain:				
yes	no	Have you ever been employed by our company or predecessor? If so, please	provide dates and position:			
yes	no	Are you subject to any type of agreement with a current or former employer or entity that would restrict your ability to work for our Company (<i>e.g.</i> , non-compete, confidentiality, non-disclosure)? If yes, please explain and provide a copy of such agreement:				
yes	no	Do you have a valid driver's license and state minimum required auto insurance	ce?			
yes	no	Can you travel locally if required?				
yes	no	Can you work weekends and evenings?				
yes	no	Were/are you in the Armed Forces?				
yes	no	Are you willing to undergo a pre-employment physical exam / drug test?				
yes	no	Have you ever been convicted of a felony? If yes, explain:				

(a yes or no answer to any of the above questions does not necessarily disqualify applicant from employment)

Previous Work Experience

If available, please attach your resume or fill in information below.

Begin with your present or last work experience. Include any contract work and/or volunteer work experiences.

Former Employer							
Company:		Employed from	to				
Address:	City	State	Zip				
Last position title:							
Total Annual Compensation:starting		ending					
Reason for leaving:	Hours						
Immediate Supervisor:	Phone #:						
Duties, responsibilities, and number you supervised:							
My initials indicate my willingness for you to talk with this prior employer.							

Former Employer

Company:		_ Employed from	to
Address:	City	State	Zip
Last position title:			
Total Annual Compensation:starting		ending	
Reason for leaving:	Hours worked each week:		
Immediate Supervisor:	Phone #:		
Duties, responsibilities, and number you supervised:			
My initials indicate my willingness for you to tall	k with this prior e	employer.	

List any additional skills:

computer skills, software, second languages, etc.

APPLICANTS AGREEMENT

I understand and agree that:

- 1) If I misrepresent or deliberately leave out any fact in my application, I may be refused employment or, if employed, 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, I understand that I may be terminated.
- 3) The Company may verify all the information provided by me, including but not limited to my education and prior employment. I release from liability all persons or entities supplying or collecting such information.
- If I am employed by the Company, my employment is not for any specific period of time and can be terminated at any time either with or
 without prior notice by either me or the Company.
- 5) If I am offered a job with the Company, I understand that I may be required to sign a non-disclosure and/or non-compete agreement as a condition of my employment.
- 6) I authorize any doctor, hospital or testing laboratory that conducts medical tests on me to release all information to the Company necessary for the Company to determine my ability to perform job duties now and in the future, subject to local, state and federal law.
- Due to the nature of the Company's business I may be expected to work overtime, a rotating work schedule, or a work schedule that 7) includes Saturdays, Sundays and/or holidays.
- 8) Proof of the legal right to work in the United States will be required upon hire.
- 9) If I am applying for a position where the need to use a company vehicle or use my own vehicle is required, I agree to provide you with my Driver's License number and I authorize the Company to obtain my motor vehicle/driving history. I also agree to submit my proof of auto insurance to the Company.
- 10) If I am employed by the Company, I understand that I may be required to sign an arbitration agreement as a condition of my employment.
- 11) This application is valid for 2 weeks from the date of completion.

I have read and agree to the above. I hereby certify that the facts I provided in this employment application are true and complete.

Signature