WLS EEO PROGRAM
COMMUNITY ORGANIZATION NOTIFICATION REQUEST FORM

WLS an Equal Opportunity Employer. Organizations that distribute information about employment opportunities to job seekers may request notices of full-time vacancies at ABC Owned Television Stations by completing and returning this form as instructed below. Please contact the station with any future changes in the general information below (e.g., contact person and e-mail address). Thank you!

Date: _____

I. GENERAL INFORMATION (Please complete all sections.)

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____

Name of Contact Person/Title: _____

Type of Organization: _____

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: Dorothy Mathias, Payroll Manager at wls-tv.dl.jobvacancies@abc.com or 190 North State Street, Chicago, IL 60601.

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For Internal Use Only

Date Received by Station: _____ Name of Station Personnel Processing Info: _____

Mode of Delivery: ____E-mail ____U.S. Mail ____Telephone ____Other: _____

Primary Notification Selected for Vacancies: _____

Cancellation of Notice Date: _____

Contact Person for Cancellation: _____