

**WJAR EEO PROGRAM
COMMUNITY ORGANIZATION NOTIFICATION REQUEST FORM**

Please contact Station with any future changes in the general information below, especially the contact person and e-mail address. It is important to keep your information updated. Thank you!

Date: _____

I. GENERAL INFORMATION (Please complete all sections.)

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-mail 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.)**

- | | |
|---|---|
| <input type="checkbox"/> All Job Vacancies | <input type="checkbox"/> Sales Workers |
| <input type="checkbox"/> Officials & Managers | <input type="checkbox"/> Craft Workers (Skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Operators (Semi-skilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Laborers (Unskilled) |
| <input type="checkbox"/> Office & Clerical | <input type="checkbox"/> 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, fax, or regular mail to: WJAR, 23 Kenney Drive, Cranston, RI 02920; 401-455-9100; Fax: 401-455-9216. Station WJAR is an Equal Opportunity Employer.

For Internal Use Only:

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

Mode of Delivery: E-mail U.S. Mail Fax Telephone Other

Primary Notification Selected for Vacancies

Cancellation of Notice Date: _____ Contact Person for Cancellation: _____