WAJI/WLDE/ALT99.5 EEO PROGRAM COMMUNITY ORGANIZATION NOTIFICATION REQUEST FORM

Please contact WAJI/WLDE/ALT 99.5 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 (I	Please complete all sec	tions.)	
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 VAC	ANCIES		
		es, or only those in specific categories eceive. (Please select your preferen	
All Job Vacancies Officials & Managers Professionals Technicians Office & Clerical	9	Sales Workers Craft Workers (Skilled) Operators (Semi-skilled) Laborers (Unskilled) Service Workers	
community organizations requesting of each organization in an annual EE	job vacancy information in the control of the contr	mission (FCC) requires all stations to a plus the contact person, address and nat will be made available to the generesting to be notified of job vacancies the FCC.	l telephone number al public in the
	rry Street, Suite 600, Fo	mail to: <u>Jobs@STfortwayne.com</u> , Faxort Wayne, IN 46802. Stations WAJI/	
**************************************	*******	*********	*****
Date Received by Station: Na	ame of Station Personnel I	Processing Info. :	
Mode of Delivery:E-mailU.S	S. MailFaxT	elephoneOther:	
Primary Notification Selected for Vacano	cies:		

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