

ATTACHMENT D

2008-2009 and 2009-2010 Long Term Initiatives Documentation

Application For Internship With WIVB-TV

WIVB-TV, Buffalo Broadcasting Co., Inc. is an equal opportunity employer. Applications for internship will be given equal consideration regardless of race, color, age, sex, religion, disability or ethnic background.



Name:		Date:	
Legal Address		Residence (if not the same)	
Street:		Street:	
City:	State:	City:	State:
Zip Code:	Phone:	Zip Code:	Phone:

School Affiliation:	Year: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Major:	
Counselor:	Phone:
Semester Requested (date):	
Have you had an internship before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?
What were your principal duties as an intern?	
What do you expect to gain from WIVB-TV's intern program?	

Internship Choice (please check two): ☐ News ☐ Sports ☐ Traffic ☐ Sales
☐ Community Service ☐ Programming ☐ Production ☐ Creative Services

Courses of study in television field of interest:
Career Goal:

Please list three references other than relatives:

Name:	Address:	Phone:	Occupation:

Application Statement

Please read the following statements carefully, as they represent matters of importance to both you and the Company in connection with this application for employment.

I understand that:

1. The information provided in this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact by me in this application will justify refusal of employment or, if I am hereafter employed by the Company, termination of employment.
2. The Company may verify all of the information that I have provided on this application and I release WIVB-TV and its representatives from liability for seeking such information and I release from all liability whatsoever any and all persons, institutions, business entities, and corporations providing the Company with such information.

I further agree to sign whatever consent forms may be necessary to permit the Company to verify all of the information that I have provided in this application.

3. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment and compensation can be terminated with or without notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the Chairman of the Board, President, Chief Operating Officer, General Counsel, or Vice President/Finance has any authority to enter into any agreement for employment for any specified period of time or to make any representations different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by one of the aforementioned individuals.

4. This application will remain current for 90 days. At the conclusion of that 90-day period, if I have not then been employed by the Company, I understand that I must complete and submit a new application to remain eligible for consideration for employment.

5. WIVB-TV is an equal opportunity employer and gives equal consideration to all applicants without regard to factors such as race, color, religion, national origin, sex, age, disability, citizenship or such other classifications prohibited by law.

Signature of Applicant

Date





WIVB-TV

Optional Self Identification Form



This station is required to collect the following information in order to comply with the regulations of the Federal Communications Commission and other federal laws relating to equal employment opportunity. You do not have to provide this information. If you do provide it, we assure you that it will not be used in processing your employment application or in any employment decision.

1. Name: _____

2. Position for which you are applying (be specific): _____

3. Date you filed application or submitted resume: _____

4. Please check any of the items below that apply to you:

☐ Male

☐ Female

☐ White (not Hispanic)

☐ Black (not Hispanic)

☐ Hispanic

☐ Asian/Pacific Islander

☐ American Indian/Alaska Native

5. Please identify the specific referral source through which you learned about this position (Name of newspaper, magazine, school, employment office, employment agency, organization, station employee, on-air station ad, or other source).

6. City, state, and zip code of your home address:



**LIN TELEVISION CORPORATION
MINORITY SCHOLARSHIP & TRAINING PROGRAM APPLICATION**

NAME: _____ STUDENT ID#: _____
SCHOOL: _____ CITY: _____ STATE: _____
LOCAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ E-MAIL: _____
PERMANENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ RACE: _____
SOCIAL SECURITY #: _____
MAJOR: _____ MINOR/EMPHASIS: _____
DEGREE DATE: MONTH: _____ YEAR: _____
CREDITS COMPLETED: _____ CREDITS NEEDED: _____
OVERALL GPA: _____ GPA IN MAJOR: _____
HIGH SCHOOL: _____ DATE GRADUATED: _____
HIGH SCHOOL CITY: _____ STATE: _____
SIGNATURE: _____ DATE: _____

Type and attach responses to EACH of the following. Please number each response.
Make sure to attach your résumé and transcript.

1. List organizations and activities in which you have held leadership positions. Briefly describe the nature of your involvement.
2. Name three references. Up to two faculty members (university or secondary) and one or two other references that will recommend your work.
3. List personal achievements and honors.
4. Describe your career goals in 50 words or less.
5. Write a short essay (up to 500 words, double-spaced) about yourself.

RETURN APPLICATION TO:

LIN Television Corporation
Minority Scholarship & Training Program
300 Wavy Street
Portsmouth, VA 23704

TUITION ASSISTANCE PROGRAM REQUIREMENTS

Before registration can be completed, you must review the following rules, complete a tuition assistance form, which requires approval from your Department Manager and General Manager, and return the form to the Human Resources office.

- ♦ You must have completed 6 months of full-time employment.
- ♦ You must sign a form stating that if the course is dropped for any reason or if the following minimum grade requirements are not met, the employee will reimburse the station through payroll deductions. At the end of each semester, a copy of the report card will be given to the Human Resources Department as evidence of compliance with the grade requirement.

Undergraduate = 2.0

Graduate = 3.0

- ♦ If financial aid is available, it must be applied towards the tuition expense, thus reducing the tuition amount paid by this plan.
- ♦ Because this program is limited to an annual dollar amount agreed upon by the station, forms will be accepted on a first-come first-served basis.
- ♦ A maximum of \$350.00 per semester will be paid in advance of the course with a maximum of \$50 for books.
- ♦ Courses are required to enhance your job performance and are subject to review by your manager.
- ♦ Your manager must give approval to you before reimbursement is authorized.

Dec. 31, 1987	\$5,250	yes	yes	P.L. 99-514, §1162
Jan. 1, 1988 - Dec. 31, 1988	\$5,250	yes	no	P.L. 100-647, §4001(a)
Jan. 1, 1989 - Sept. 30, 1990	\$5,250	yes	no	P.L. 101-239, §7101(a)
Oct. 1, 1990 - Dec. 31, 1991	\$5,250	yes	yes, if course began after 12/31/1990	P.L. 101-508, §11403
Jan. 1, 1992 - June 30, 1992	\$5,250	yes	yes	P.L. 102-227, §103(a)
July 1, 1992 - Dec. 31, 1994	\$5,250	yes	yes	P.L. 103-66 [OBRA 1993]
Jan. 1, 1995 - May 31, 1997	\$5,250	yes	only if course began prior to 6/30/1996	P.L. 104-188, §1202(a) [Small Business Job Protection Act of 1996]
June 1, 1997 - May 31, 2000	\$5,250	yes	no	P.L. 105-34, §221(a) [Taxpayer Relief Act of 1997]
June 1, 2000 - Dec. 31, 2001	\$5,250	yes	no	P.L. 106-170, §506 [Ticket to Work and Work Incentives Improvement Act of 1999]
Dec. 31, 2001 - thereafter	\$5,250	yes	yes	P.L. 107-16, §411 [Economic Growth and Tax Relief Reconciliation Act 2001]

Job-related educational assistance under Code Sec. 132 is excluded without limit.

If educational assistance is needed to improve job skills, the assistance is not subject to employment taxes. IRS regulations provide tests to determine whether educational assistance is job-related.

To be job-related, the education courses must:

- maintain or improve skills required by the employer; or
- be needed to meet express requirements of an employer or of a law or regulation to retain the employee's salary, status or employment.

Educational assistance does not qualify as job-related if the courses:

- are needed to meet the minimum requirements of a job;
- will lead to qualifying the employee for a new trade or business; or
- are to fulfill general aspirations for personal reasons of the employee.

Any courses that the employer determines to be nontaxable need not be reported on the employee's Form W-2.

Assistance must be provided under a nondiscriminatory plan.

To be excluded from income, educational assistance must be provided under a plan limited to providing employees with educational assistance. The plan may also provide benefits to retired, disabled, or laid-off employees (20). The plan cannot discriminate in favor of employees who are officers, shareholders, self-employed individuals, or highly compensated employees or their dependents. No more than 5% of the amounts paid or incurred by the employer for educational assistance may be provided to 5% owners (or their spouses or dependents). The fact that one group of employees uses the plan more than another group is not a factor in meeting the nondiscrimination requirement. An employer can require employees to complete a course and achieve a specified grade level. Employers may pay taxable and nontaxable reimbursements out of the same fund. The plan does not have to be funded and does not need prior approval from the IRS.

Educational expense reimbursements do not have to be reported by employers.

The Taxpayer Relief Act of 1997, requires eligible educational institutions and persons who are not eligible

TUITION ASSISTANCE PROGRAM

The applicant should secure an approval signature from the Department Manager and the General Manager. Proof of registration and paid receipt must accompany this request.

EMPLOYEE NAME: _____ DATE: _____

COURSE TITLE: _____

NAME OF SCHOOL: _____

ADDRESS: _____

REGISTRATION DATE: _____ *COURSE FEE: \$ _____

DESCRIPTION OF COURSE: _____

EXPLANATION OF JOB RELEVANCE: _____

IS THIS PART OF A DEGREE PROGRAM? ☐ YES ☐ NO

IF YES, SPECIFY THE PROGRAM: _____

Employee's Signature

General Manager's Signature

Manager's Signature

* Course reimbursement will not exceed \$350.00. Maximum book allowance is \$50.00.



MEDAILLE COLLEGE

Welcome to Medaille

Thank you for agreeing to participate in our Job/Internship Fair. Our students are excited and grateful that you are spending your time with them.

I believe you will find our students dedicated to the field they have chosen, and ready to pursue the vast opportunities that the Western New York employment community has to offer. They will welcome any insight and advice you may be able to present as they begin their careers.

As the Employer Relations Coordinator, I welcome you and hope your time spent on campus is worthwhile.

Sincerely,

Ronald Beiter
Medaille College

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Name:		Date:	
Legal Address		Residence (if not the same)	
Street:		Street:	
City:	State:	City:	State:
Zip Code:	Phone:	Zip Code:	Phone:

School Affiliation:	Year: <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Major:	
Counselor:	Phone:
Semester Requested (date):	
Have you had an internship before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?
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6. City, state, and zip code of your home address:



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MINORITY SCHOLARSHIP & TRAINING PROGRAM APPLICATION**

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MAJOR: _____ MINOR/EMPHASIS: _____
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NAME OF SCHOOL: _____

ADDRESS: _____

REGISTRATION DATE: _____ *COURSE FEE: \$ _____

DESCRIPTION OF COURSE: _____

EXPLANATION OF JOB RELEVANCE: _____

IS THIS PART OF A DEGREE PROGRAM? ☐ YES ☐ NO

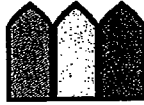
IF YES, SPECIFY THE PROGRAM: _____

Employee's Signature

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I believe you will find our students dedicated to the field they have chosen, and ready to pursue the vast opportunities that the Western New York employment community has to offer. They will welcome any insight and advice you may be able to present as they begin their careers.

As the Employer Relations Coordinator, I welcome you and hope your time spent on campus is worthwhile.

Sincerely,

Ronald Beiter
Medaille College