WMAQ-TV and WSNS-TV, NBCUniversal Chicago

COMMUNITY ORGANIZATION NOTIFICATION REQUEST FORM

Please contact the 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 s	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 VA	CANCIES		
		cancies, or only those in specific categories ceive. (Please select your preferences .)	s. Please indicate what
All Job Vacancies Officials & Managers Professionals Technicians		Sales Workers Craft Workers (Skilled) Operators (Semi-skilled) Laborers (Unskilled)	
Office & Clerical		Service Workers	
requesting job vacancy information p	olus the contact person, ac the general public in the	ion (FCC) requires all stations to report the name didress and telephone number of each organization station's public inspection file and on its website information as required by the FCC.	on in an annual EEO Public File
	Chicago, Human Resourc	egular mail to: IJanet.Maldonado@nbcuni.com, ces Department, 454 N. Columbus Drive, 5 th FI IS-TV are Equal Opportunity Employers.	
For Internal Use Only:			
Date Received by Station:	Name of Station Personne	el Processing Info:	
Mode of Delivery:E-mail	U.S. MailFax	Other	
Primary Notification Selected for Vacanci	es		
Cancellation of Notice Date:	Contact Doncon for Con-	as llation.	