Dee Jay / Host / Radio Personality

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| Applicant Information | | | | | | | | | | | | | |
| **FIRST NAME:** | | | | | | | **MI:** | | **LAST NAME:** | | | | |
| **DEE JAY / HOST/ PERSONALITY NAME**:  Phone: | | | | | | | | | | | | | |
| **ADDRESS:** | | | | | | | | | | | | | |
| **City:** | | | | **State:** | | | | | | | | **ZIP Code:** | |
| **DAYTIME PHONE NUMBER:** | | | | | | | **EVENING PHONE NUMBER:** | | | | | | |
| Social Media (List All Social Media Accounts bELOW) | | | | | | | | | | | | | |
| **Social Media Name** | **Name of Page or Channel** | | | | | | | | | | | | |
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| Broadcasting Experience | | | | | | | | | | | | | |
| **Have you ever worked as a radio DJ, host or personality?** | | | | | | | | **YES  NO *IF YES, COMPLETE BELOW*** | | | | | |
| **COMPANY NAME** | | | **CONTACT / MANAGER NAME** | | | | | **EMAIL ADDRESS / PHONE NUMBER** | | | | | |
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| Broadcast Type | | | | | | | | | | | | | |
| **TYPE OF BROADCAST** | | | | | **LIVE BROADCAST  DIGITAL BROADCAST  LIVE & DIGITAL** | | | | | | | | |
| **TYPE OF SHOW** | | | | | **MUSIC  TALK  GOSPEL  ENTERTAINMENT**  **SPORTS  HEALTH  CHILDREN’S** | | | | | | | | |
| **WHAT IS YOUR TARGET AGE DEMOGRAPHIC?** | | | | | **6-17  18-24  25-64  65+** | | | | | | | | |
| **NAME OF BROADCAST / SHOW** | | | | |  | | | | | | | | |
| **NAME OF HOST / PERSONALITY** | | | | |  | | | | | | | | |
| **NAME OF DEE JAY** | | | | |  | | | | | | | | |
| TIME SLOT REQUEST\* | | | | | | | | | | | | | |
| **HOW MANY HOURS OF BROADCAST (\**MUST BE 1 HOUR MINIMUM)*** | | | | | | **IF MORE THAN 4 HOURS PLEASE SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **HOW MANY DAYS/WEEK?** | |  | | | | **FREQUENCY PER MONTH** | | | | **WEEKLY  BI-WEEKLY  MONTHLY** | | | |
| **WHICH DAYS ARE YOU INTERESTED IN?** | | | | | | **MONDAY  TUESDAY  WEDNESDAY  THURSDAY**  **FRIDAY  SATURDAY  SUNDAY** | | | | | | | |
| **LIST PREFERRED TIME SLOTS** | | | | | |  | | | | |  | |  |
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**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application.

I authorize I AXIS RADIO, LLC WIAX, NY to contact former companies listed in this application regarding my experience.

I understand that if awarded a show and time slot on I Axis Radio, LLC, WIAX, NY, the HOST/PERSONALITY/DEE JAY agrees that the terms of the contract will be in effect for one (1) year from the date of commencement, unless otherwise specified between the Owner(s) of I AXIS RADIO and the HOST/PERSONALITY/DEE JAY. Both the Owner(s) and Host/Personality/Dee Jay may renegotiate additional yearly terms ten (10) months into the first year of the show. **Initial Here \_\_\_\_\_\_**

* HOST/PERSONALITY/DEE JAY agrees to submit a weekly playlist beginning the 2 weeks before show airs in mp3 format.
* HOST/PERSONALITY/DEE JAY is required to be on location no later than **20 minutes** prior to the beginning of their show/slot time to ensure mic and equipment checks are conducted for proper levels.
* HOST/PERSONALITY/DEE JAY agrees that no drinks or food are permitted on or near the equipment.
* No Smoking of any kind on premises.
* HOST/PERSONALITY/DEE JAY agrees to limit guests or entourage to no more than 5 people per show excess must be authorized by I Axis Radio. LLC.
* HOST/PERSONALITY/DEE JAY agrees that any drops or individual announcements or advertisements must be submitted 3 weeks in advance in an mp3 format.
* HOST/PERSONALITY/DEE JAY agrees to the payment terms specified in Appendix A below.

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| PRINT NAME | SIGNATURE | DATE |
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| PRINT NAME | SIGNATURE | DATE |
| **\*\*Email completed application to** [**Al@iaxisradio.com**](mailto:Al@iaxisradio.com)**, or** [**infoIAxisRadio@gmail.com**](mailto:infoIAxisRadio@gmail.com)**\*\*** | | |