



## Arts Center Enterprises, Inc. Employment Application

### Personal Data

Name (Last, First, Middle Initial) \_\_\_\_\_ Date \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address (Street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Employment Desired

Position Applying For \_\_\_\_\_ Salary Required \_\_\_\_\_ Hours Preferred \_\_\_\_\_

Will you have any difficulty meeting work schedule?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been employed with this company before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Are you a United States citizen?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have a legal right to work in the U.S.?

Yes \_\_\_\_\_ Registration Number \_\_\_\_\_

Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

## ARTS CENTER ENTERPRISES, INC.

*Professionally Managing the Historic Majestic and Empire Theatres*

**Military Background**

Have you served in the United States Armed Forces?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so,

Dates \_\_\_\_\_

Rank \_\_\_\_\_

Discharge Date \_\_\_\_\_

Are you presently serving in the guard or reserves?

Yes \_\_\_\_\_

No \_\_\_\_\_

**Employment History** (Begin with most recent)

Employer Name \_\_\_\_\_

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

May we check your references?

Yes \_\_\_\_\_

No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Responsibilities \_\_\_\_\_

May we check your references?

Yes \_\_\_\_\_

No \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

_____ Employer Name	_____ Beginning Date	_____ Ending Date
_____ Supervisor	_____ Position	_____ Telephone

**Responsibilities**

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May we check your references?

_____ Yes	_____ No	_____ Reason for Leaving
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_____ Employer Name	_____ Beginning Date	_____ Ending Date
_____ Supervisor	_____ Position	_____ Telephone

**Responsibilities**

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May we check your references?

_____ Yes	_____ No	_____ Reason for Leaving
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**Educational Background**

Highest Educational Level Attained: (Please circle one)

Grade School    9    10    11    12    College    13    14    15    16

_____ Degree(s)	_____ Major(s)/Minor(s)
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Please list any foreign languages that you speak, read, or write and let us know your level of ability.

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**Business Machine Experience**

\_\_\_\_\_  
Typewriter

\_\_\_\_\_  
Words per minute

\_\_\_\_\_  
Calculator

\_\_\_\_\_  
Computer

\_\_\_\_\_  
Word processor

\_\_\_\_\_  
Words per minute

\_\_\_\_\_  
Other machines

\_\_\_\_\_

\_\_\_\_\_

**Summation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of the person you want contacted in case of an emergency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name of an alternate contact in case of an emergency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Relationship

**Authorization**

I certify that the above facts contained in this application are true and complete.

I understand that if employed, a falsified statement on this application will be considered grounds for immediate dismissal.

I authorize the release on any information regarding employment and any other pertinent information during the investigation of my references. Further, I release ant parties contacted from all liability on any damages for the information that is released from the referrals checked.

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Applicant's signature

Date

Equal Employment Opportunity is provided by Arts Center Enterprises, Inc. to all qualified persons. The management of this theatre insures that all opportunities for employment will be made on a non-discriminatory basis and will not be influenced by race, creed, color, religion, sex, age, national origin, physical handicap or military background.